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Michigan Medical News

A SEMI-MONTHLY JOURNAL,

DEVOTED TO PRACTICAL MEDICINE.

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Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, JANUARY 21, 1878 No. 1.

MICHIGAN MEDICAL NEWS.

In these days of many journals it would seem imperative that any new aspirant to professional favor should give some tolerably plausible excuse for its existence, for without being able to show that a want exists, which it purposes to supply, it has no right to presume on the time or pockets of the profession. The history of medical journalism in this state is familiar to a large proportion of the profession; they need not be informed that heretofore no one who has undertaken the proprietorship of a journal here has acquired any considerable fortune, but they will also acknowledge that in a state which occupies the position which Michigan holds among the sister states, in a state too in which the medical profession has attained the status it has here, a local medical periodical is a necessity. In spite, however, of this recognized necessity, and in spite also of the liberality of the profession, as evinced in other directions, the fact remains, that without a single exception, every journal published here has been a financial failure.

The journal last published, the *Detroit Medical Journal*, having from a combination of causes, financial and otherwise, become defunct, and the field being consequently unoccupied, a number of gentlemen, some of whom have been more or less intimately connected with journalism in this state since the first periodical was established, have taken the matter into consideration with a view to determining why the many journalistic enterprizes which have been set afloat have been doomed so soon to sink. It was formerly the custom to berate the profession for its lack of sympathy with medical progress and to accuse the country practitioner of a routinism which forbids any interest in the advance of science. These views, however, have been exploded and have given place to a proper appreciation of the gentlemen who constitute the great bulk of the profession in this state. To-day, in Michigan, the men who have done most to advance science and who have been most heartily in accord with every effort on the part of the state authorities and officers in state institutions to further a higher medical education and to establish a higher medical standard, are to be found among the country practitioners. To lay the cause of the failure of the predecessors of this journal at the door of these gentlemen is, therefore, illogical.

The causes, (for there are more than one), must be sought elsewhere, and the projectors of the present journal think they have detected a few of them at least in the journals themselves These few are so aptly stated in a late editorial in the *Medical and Surgical Reporter*, that we cannot do better than to quote therefrom:

"The demise of most medical journals hardly calls for extended comment. Started to advertise some college or the medical works of some publishing house, they have no hold on life beyond this and rarely rise to any standing with the profession at large."

It gives as another cause; the fact that most journals are not issued with sufficient frequency to keep alive the interest of the profession in them. The intelligent practitioner wants his news items fresh and cannot wait until they are a month old.

"He wants a journal, moreover, which is alive to present issues; which is bound neither by prejudice nor interest to give one showing to a question only; which is independent but not partisan; which takes sides in earnest but gives opponents a fair hearing; which is not a vehicle for personal dislike or adulation, but which does not hesitate to attack when there appear good grounds for attack; to praise when merit is visible and positive. Again the mass of the profession are tired and disgusted with barren theorizing. Long discussions on pathology and the action of medicines have worn them out. What they want is the real, the positive, the practical. Schiller gave the watchword of the century *Grau ist alle theorie.* The less of it the better. We want facts and the solid truths, they teach us, not the fine-spun webs

of this or that professor's brain. Brief, pointed articles on practical topics, coming often and well varied, make up the journal of to-day as it should be."

This is, briefly, what its management will endeavor to make the MICHIGAN MEDICAL NEWS. Its policy will be the interests of the profession and of the *whole* profession as opposed to those of any individual, section, party or school. It will earnestly war against all tendency to centralization. It will, moreover, studiously eschew all questions of medical politics, believing that the discussion of such questions is productive of evil without compensating good.

The plan of issuing a semi-monthly is a new departure in medical journalism in Michigan, and this feature, taken in connection with the policy above enunciated, will, we have strong hopes, secure to the NEWS the sympathy and both the financial and literary support of the profession.

ORIGINAL ARTICLES.

HOMŒOPATHIC vs. SCIENTIFIC SURGERY.

Case of Obliteration of the Urethra, of three years' standing, treated—first Homœopathically and futilely by a Professor of Homœopathic Surgery, and afterwards Scientifically by DONALD MACLEAN, M. D., Professor of Surgery, University of Michigan.

The following intrinsically important and interesting surgical case possesses the special charm of being the only case of any description which, up to the present time, has been sent to the University hospital from the Homœopathic college; notwithstanding that every possible facility has been afforded the friends of that institution to avail themselves of the accommodations therein provided.

F. H. Sheriff, aged 29, from Vermontville, Mich., presented himself at the surgical clinique Nov. 21, 1877, and gave the following account of his case: Three years ago, while riding on horseback the animal ran away with him, and while running fell and rolled over him, causing fracture of the arch of the pubis and injuring the urethra. Immediately after the accident patient passed a very small quantity of urine mixed with blood. Six hours afterwards a physician introduced a gum-elastic catheter and drew off a large quantity of bloody urine. The instrument was passed several times during the three following days, and then was ordered to be retained in the passage for *five days* and five nights, at the end of which time, the pain being very severe, the patient withdrew the catheter himself. Next day an abscess opened in perineo immediately behind the scrotum and a large quantity of pus and urine was discharged.

Through the fistula thus formed *all* his urine has continued to flow, *not a drop* having passed through the natural channel for three years and ten months.

The patient also stated at his examination in presence of the whole medical class, that on the 17th October last he was brought before the class in the Homœopathic college, placed under the influence of ether, and operated upon.

On making careful enquiries it was proved that the *homœopathic operation* consisted in *paring off some of the exuberant granulations from the edge of the fistula.* After this *operation!* he was *conveyed on a stretcher* to the hospital.

Next day a homœopathic student was sent to pass an instrument through the urethra, although the Professor had entirely failed in his efforts to do so, and although it was known to the latter that the patient was suffering from obliteration of the urethra of three years standing!

On October 19th patient was assured that nothing more could be done for him, and he was accordingly dismissed by the Surgical Professor of the Homœopathic college.

Patient then went home, disgusted with homœopathic surgery, but still not entirely disheartened; for during his brief stay in the hospital he had the good fortune to meet with *J. M., of Hillsdale, who had suffered from a very similar injury, and who was operated upon and cured here in *December*, 1874.

The result of Sheriff's interview with this former patient was the conviction that outside of and beyond the Homœopathic college there might be hope for such a case as his. Consequently he returned to the University hospital Nov. 20, 1877, and applied at the regular surgical clinique as stated.

On examination no evidence of the homœopathic operation could be perceived, unless it was a false passage of a peculiarly treacherous character. The urethra was absolutely obliterated at a point about five inches from the orifice. All the urine passed by the fistula, and dribbled away continuously. On passing a probe into the fistula bare bone could be felt, and the ascending ramus of the pubis was found displaced toward the middle line of the perineum.

The mobility of both hip joints was diminished by partial anchylosis, so that the

*The full notes of J. M's interesting case were published in the *Peninsular Journal* for February, 1876.

patient was compelled to use a crutch in walking.

The first attempt to restore the continuity of the urethra was made on Nov. 14, 1877, and in the following manner:

I. A small silver catheter was passed through the fistula into the bladder. II. A grooved sound was passed into the urethra as far as to the point of obliteration. III. An incision was made as for external perineal urethrotomy, and along the track of this incision the grooved staff was pushed until it came in contact with the catheter below. Considerable difficulty was experienced in accomplishing this operation.

It was hoped that by the periodical introduction of instruments along this new channel the continuity of the urethra would be restored. This hope was not realized. The incision healed and the urine continued to flow through the fistula. Consequently, on December 16, 1877, in presence of a section of the class, and with the assistance of Dr. Frothingham, I performed the operation which is described as follows by Mr. Cook, who first performed it:

The only instruments required are a *broad* double-edged knife with very sharp point, a large silver probe-pointed director with a handle, and a canula or a female catheter, modified so that it can be retained in the bladder (Symes perineal catheter is the best).

The patient is to be placed in the usual position for lithotomy, and it is of the utmost importance that the body and pelvis should be straight, so that the median line may be accurately preserved.

The left forefinger of the operator is then introduced into the rectum, the bearings of the prostate are carefully examined and ascertained and the tip of the finger is lodged on the apex of the gland; the knife is then plunged steadily but boldly into the median line of the perineum and carried on in a direction toward the tip of the left forefinger, which lies in the rectum.

At the same time, by an upward and downward movement the vertical incision may be carried in the median line to any extent that is considered desirable.

The lower extremity of the wound comes to within half an inch of the anus.

The knife should never be withdrawn in its progress towards the apex of the prostate; but its onward course must be steadily maintained until its point can be felt in close proximity to the tip of the left forefinger. When the operator has fully assured himself as to the relative position of his finger, the apex of the prostate and the point of his knife, the latter is to be advanced with a motion somewhat obliquely either to the right or the left and it can hardly fail to pierce the urethra.

If in this step of the operation the anterior extremity of the prostate should be somewhat incised, it is a matter of no consequence.

In this operation it is of the utmost importance that the knife be not removed from the wound, and that no deviation be made from its original direction until the object is accomplished.

If the knife be prematurely removed it will probably, when re-inserted, make a fresh incision and complicate the desired result. It will be seen that the wound when completed represents a triangle; the base being the external vertical incision through the perineum, while the apex, and consequently the point of the knife, impinges another apex of the prostate.

This shape of the wound facilitates the next step of the operation.

The knife is now withdrawn but the left forefinger is sill retained in the rectum. The probe-pointed director is carried through the wound, and guided by the left forefinger enters the urethra and is passed into the bladder.

The finger is now withdrawn from the rectum, the left hand grasps the director and along the groove of this instrument the canula is slid till it enters the bladder.

The operation is now complete, and it only remains to secure the canula in its place with four pieces of tape which are fastened to a girth around the loins. A direct communication with the bladder has now been obtained and the relief to the patient will be immediate; unless the kidneys have become irremediably disorganized, we may confidently anticipate a favorable result; and the restoration of the urinary organs will be more or less complete in proportion as the obstructed portion of the urethra is more or less amenable to the ordinary judicious treatment of stricture." [Bryant's Surgery, pp. 527–528.]

No difficulty was encountered in executing this procedure, and the operation lasted only a few moments.

Instead of using a canula or Symes' stricture catheter, a common silver catheter was used, and it was passed, not through the wound, but through the whole length of the urethra, and it was retained for twenty-four hours, when a gum elastic one was substituted for it. This latter was removed in twenty-four hours, and the occasional passage of metallic bougies was relied upon to maintain the continuity of the channel.

Instruments have been introduced every third day and now the largest size passes with the utmost facility. Barely three weeks have elapsed since the operation was performed and to-day, Jan. 7, 1878, the patient is walking about the ward, his urine passes entirely through the natural channel and micturition is quite under the patient's control; and the fistula as well as the perineal wound is healing rapidly, in fact is almost cicatrized, and in a few days the patient will no doubt be dismissed cured. In conclusion it may be remarked that there is an obvious excuse for the failure of the homœopathic surgeon to undertake a radical operation in such a case as this, viz: justifiable modesty; but for the imbecility and iniquity of the sham operation which was undertaken we suspect that even the well-known ingenuity of the adherents of that sophistical system will be sorely taxed to invent any excuse, explanation or palliation.

It seems proper to state here that this is not the only case of urethral difficulty that has passed from the homœopathic to the scientific clinique under circumstances of a similar nature to the one here recorded.

Just a year ago a very interesting case was reported for the only medical journal then published in this State, but its publication was refused because one of the editors objected on the ground that "it reflected on homœopathy as a system of practice."

ENUCLEATION OF THE EYE.

BY EUGENE SMITH, M. D., DETROIT.

Ophthalmic and Aural Surgeon to St. Mary's Hospital. Surgeon in charge of St. Mary's Hospital Free Eye and Ear Infirmary, etc.

Of seventeen enucleations made by me the past year, thirteen were of sympathetic trouble, two as preventive measures, one for epithelioma of the cornea—a very rare affection. The seventeenth was an extirpation of the entire contents of the orbit together with both lids, for epithelioma of the entire conjunctiva, (palpebral and ocular,) and the cornea, in fact the whole anterior aspect of the eye was a mass of epithelioma very much resembling the cauliflower-like vegetations of the neck of the womb. The tumor protruded from the orbit about an inch, and extended backwards involving the ocular muscles, but the sclerotic was apparently untouched, a proof of the fact that the sclera is very rarely affected by this form of cancer. The extirpation was made December 29th, assisted by Drs. Schulte, Mulheron, and Lundy. The orbit was tamponed for forty-eight hours and subsequently dressed with carbolized oil. Of course it is impossible to say whether or not a relapse will take place. The case is being watched by many with great interest.

Of the seventeen eyes removed, *three contained bone.* In one case the sympathetic ophthalmia was very marked and took the rare form of neuro-retinitis, which disappeared soon after the enucleation.

In *all* the cases, the sympathetic trouble quickly subsided.

The following innovation upon the ordinary method of enucleation was made in a case of collapsed globe and worked so nicely that I take pleasure in calling the attention of the profession to it. Authors do not mention it, and although I supposed it to be original when I made it, I find that essentially the same method was advised by Tillaux in 1872 and published in the September and October number of the Annales d' Oculistique, the same year.

The operation was made as follows:—The lids being separated with the speculum, the conjunctiva was seized with forceps over the insertion of the external rectus; then the external rectus was taken up on the strabismus hook and divided as for strabismus. I then carried the scissors open one blade above and the other below the conjunctiva and snipped it as far as the inferior rectus, which was also cut as far as its insertion into the sclera. The curved scissors were then carried back into the orbit and the optic nerve severed, at the same time traction was being made inwards and upwards. The posterior part of the globe was seized with forceps, near the optic nerve entrance, and drawn out *from behind, forwards,* bringing it *through* the conjunctival wound. Finally, the other muscles and attachments, which by this means were rendered tense, were easily divided.

It is certainly a very easy way of removing a collapsed globe, whether collapsed from an injury or from attempts to take up the straight muscles with a strabismus hook in an ordinary enucleation, as sometimes happens in staphylomatous eyes

PARAGRAPHS.

There is a path that leads to truth so surely that any one who will follow it must needs reach the goal, whether his capacity be great or small. And there is one guiding rule by which a man may always find this path, and keep himself from straying when he has found it. This rule is: give unqualified assent to no propositions but those the truth of which is so clear and distinct that they can not be doubted. The enunciation of this first commandment of science consecrates doubt, removes it from the seat of penance among

the grievous sins to which it had long been condemned, and enthrones it in that high place among the primary duties which is assigned to it by the scientific conscience of these latter days. You must remember that the sort of doubt that has been consecrated is that which Gœthe has called "the active skepticism whose sole aim is to conquer itself," and not that other sort which is born of flippancy and ignorance, and whose aim is only to perpetuate itself as an excuse for idleness and indifference.—*Huxley.*

The United States, with a population of 44,874,814, has 62,383 doctors and 94 medical schools; 1 doctor to every 600 inhabitants. France: population 36,100,500; physicians, 19,902; medical schools, 6; one physician to every 1,714 persons. Great Britain: population, 32,412,010; 19,385; one physician to every 1,672 persons. German Empire: population, 41,060,695; physicians, 13,686; medical schools, 23; one physician to every 3,000 persons. Austro-Hungarian Empire: population 35,904,435; physicians, 14,361; medical schools, 6; one physician to every 2,500 persons. This showing demonstrates that it is high time that the profession of this country were insisting on that higher standard of medical education which would be speedily followed by the closing up of those "colleges" the only object of whose existence is to enable their numerous "professors" to evade the wholesome provision of the code of ethics against advertising.

A surgeon was recently indicted at the Northampton assizes (England) for rape while having his patient under chloroform for the extraction of a tooth. He was acquitted, it having been proven that it was an hallucination on the part of the patient; but the circumstance points a moral: Never admin-ster an anæsthetic to a female unless in the presence of witnesses.

Dr. Alfred S. Taylor, who has for forty-six years occupied the chair of Lecturer on Medical Jurisprudence and Toxicology in Guy's Hospital, has resigned. From 1832 to 1870 he lectured also on Chemistry.

Ovariotomy.—Prof. Donald Maclean of Ann Arbor has within the past few months performed the operation of ovariotomy six times. Several of these cases were very complicated, requiring the removal of both ovaries, etc. The result has been, four cases of complete recovery, one case at present under treatment with every prospect of recovery, and one death. In the latter case the tumor was of over twenty years' growth and weighed upwards of one hundred pounds. These cases show a mortality of but $16\frac{2}{3}$ per cent., which is the best result yet obtained in the Northwest. The doctor promises a detailed report of his cases for an early number of the News.

The homœopaths of Albany, N. Y., in convention assembled, declared on the 11th ult. by resolution, that "The theory of Dynamization of drugs promulgated by Hahnemann in the Organon is, in the opinion of the society, false in theory, and should be discarded by the homœpathic profession."

George Francis Train having denounced Dr. H. S. Farmer, of Minnesota, as a fraud, for claiming to have subsisted for forty-two days without food, the latter re-asserts the story of his long fast and claims that he undertook and accomplished the task, not for money or notoriety, but for the good of suffering humanity.

The Detroit *Free Press* of 6th inst. informs its readers that "the December number of the *Archives de Tocologie et Maladies des Femmes*, a leading medical publication of Paris, contains a translation of a long article from the pen of Dr. E. W. Jenks, President of Detroit Medical College." The enterprise which this secular paper displays in exchanging with leading foreign medical publications and thus keeping its readers posted in such information as the above is truly commendable.

Dr. Knapp shot Dr. Knott through the heart at Benton Ridge, Ohio, on the 15th ult. Too little business for both, and consequently rivalry was the cause. The murderer was promptly arrested and narrowly escaped lynching.

A very robust woman in the valley of Locana, Italy, recently gave birth to a child that has two hearts and four lungs (?) but only one trunk and two feet. Both mother and child were doing well when last heard from.

A telegram from Alexandria, Egypt, states that cholera has made its appearance at Jeddo and Mecca, Arabia.

Ground mustard, it is said, rubbed on the hands will remove the odor of valerian, musk, cod-liver oil, carbolic acid, etc.

A young German had all the symptoms of inguinal hernia. He repeatedly vomited round worms, and a knuckle of protruded bowel felt as if filled with worms. Herniotomy was performed and the sack was found distended with worms. Before the wound healed worms crawled out between its lips, the patient voided more by mouth and rectum, and for six days continued to discharge them in the evacuations.

FORMULARY.

Dr. E. Farnham (*Boston Med. and Surg. Journal*), has found the following to answer all the indications for Collis Brown's Chlorodyne; to be taken in the same dose:

℞. Morph. Muriatis..... grs. viij.
Ag. Dest..... ℥ ss.
Chloroform..... ʒ iss.
Tr. Cannabis..... ʒ ss.
Acid Hydrocian dil..... gtt. xij.
Alcohol..... ℥ jss.
Ol. Menth. pip..... gtt. ij.
Oleoresin Capsici, *vel*..... gtt. j.
Tr. Capsici..... gtt. x.
Misce secundum artem.

QUINIA IN SMALL DOSES IN MALARIAL DISEASES.—A correspondent of the *American Practitioner* (October) writes that Dr. Chas. R. Greenleaf, U. S. A., gives the following formula as coming from an army surgeon, whose name and present residence were forgotten. The dose mentioned, it is claimed, will secure the full antiperiodic effects of the remedy, and prevent a recurrence of an attack of intermittent fever.

℞. Quiniæ sulphatis..... gr. ij.
Acid. citrici..... gr. iij.
Rub fine together and dissolve in
Aquæ..... ℥ ss.
Potassii iodidi..... gr. iij.
Aquæ..... ℥ ss.

Mix the two solutions together and administer the whole quantity at a dose.

AROMATIC SYRUP OF LIQUORICE.—

℞. Powd. ext. of liquorice..... ℥ jv.
Jamaica ginger,
Cinnamon bark, each..... ℥ ij.
Cloves..... ʒ j.
Sugar..... ℥ lx.
Water, *qs ad*..... Ojv.

Reduce the cinnamon, ginger and cloves to a coarse powder and boil in two pints of water over a slow fire for one hour. Then strain, and dissolve in the liquid the powd. ext. of liquorice, with the aid of a gentle heat stirring to assist the solution. When dissolved add the sugar, keeping up the heat till the latter is also dissolved; then strain while hot, and add hot water through the filter to make four pints of finished syrup.

This is recommended as a most effectual disguise to the taste of quinine.—*Am. Juor. of Pharmacy.*

STOKES' LINIMENT.—The formula adopted by the American Pharmaceutical Association, on the recommendation of the Committee on Unofficinal Formulæ, is as follows:

℞. Oil of turpentine..... 3 fl. oz.
Acetic acid..... ½ fl. oz.
Yolk of egg..... 1
Rose-water..... 3 fl. oz.
Oil of lemon..... 60 min. Mix.

A KEROSENE LINIMENT, which is recommended very highly by Dr. A. G. Hobbs, of Indiana (*New Remedies*), is composed as follows:

℞. Ol. petrolii..... ℥ ij.
Tinct. opii..... ʒ iv.
Tinct. arnicæ..... ʒ v.
Tinct. stramonii..... ʒ iv.
Spts. ammon. aromat..... ʒ vi.
Spts. camphoræ..... ʒ v.
Ol. origani..... ʒ iv.
Chloroformi..... ʒ iij.
M.

To be well rubbed in twice in twenty-four hours. or p. r. n.

The following formulæ are standard at the Rotunda Hospital, Dublin:

As a laxative for antepartum administration.

℞. Senna leaves..... ℥ iii.
Sulphate of magnesia..... ℥ xx ½
Bruised ginger..... ℥ x ½
Boiling water..... 1 gallon.

Mix. Let the mixture stand over night; filter.
DOSE—Two or three ounces as required.

As an application to the hand before making vaginal examinations a mixture of equal parts of glycerine and soft soap is used.

The following is the house pill of the hospital:

℞. Ext. comp. colocynth..... gr. v.
Blue mass..... gr. ij.
Ext. of hyoscyamus..... gr. j.

Mix. For a mild cathartic give one or two of these at bedtime.

AS A LOTION FOR SORE NIPPLES.

℞. Powd. borax..... ʒ ij.
Powd. chalk..... ʒ j.
Spts. of wine..... ℥ ij.
Water..... ℥ ¼.
Mix.

(*American Practitioner.*)

IN UTERINE NEURALGIA..

℞. Tr. aconiti rad..... ʒ jss.
Ammon. mur..... ʒ ij.
Ammon. iodidi..... ʒ j.
Tr. cardamoni co..... ℥ j.
Syr. auranti cort..... ℥ jv.
Aq. anisi *ad*..... ℥ viij.
Mix. Dose—a teaspoonful every four hours.

FOR DYSENTERY.

℞. Bismuthi sub. nit..... ℥ ss.
Acidi salicylici..... gr. vj.
Acidi carbolici..... ♏ iij.
Tr. Opii..... ℥ j.
Tr. Belladonnæ..... ʒ j.
Aq..... Oj.
Mix. Sig.—Inject one ounce after each evacuation.

(*Canada Journal.*)

SELECTIONS.

ARTIFICIAL ANÆMIA AS A MODE OF TREATMENT OF DISEASES OF THE LIMBS.—A new application is suggested for Esmarch's elastic bandage, namely, as an anæsthetic and curative agent in painful inflammatory affections of the extremities. Dr. Bernhard Cohn, of Steglitz, relates (*Berl. Klin. Wochenschrift.*) two cases in which the induction of artificial anæmia by the bandage was followed by great relief—a case of phlegmonous inflammation of the foot in a man of sixty-three, and one of simple œdematous inflammation of the forearm of a maid-servant; and he gives the details of a third case in which a practical cure resulted from Esmarch's method, after all other modes of treatment had been exhausted. The patient, a boy of three and a half years, had white swelling of the left knee-joint of eighteen months' standing, with considerable enlargement of the condyles of the femur, and thickening of the tissues around the patella and the head of the tibia. There was great sensitiveness of the parts to pressure, movement was impaired, and walking only possible for a step or two, with lowered pelvis, and with the tips of the toes alone reaching the ground on the left side. After a few weeks' daily application of the bandage for fifteen to sixty minutes, the improvement was so great that the limb could be moved in all directions, or handled without pain, the entire sole of the left foot could be brought to the ground in walking, and the gait was even on the two sides—in fact, all that was left of the former affection was a little swelling and a limitation in the movement of the joint. Dr. Cohn, in his remarks on the cases, declares that in practice the idea that the increase of blood in the capillaries, which follows the removal of the bandage, will entirely undo the effect of the anæmia, is not sustained. He recommends an elastic band one inch and a half wide, encircling the limb so that each turn overlaps the one below, and finishing off with five to eight turns completely covering each other. He thinks that there is less danger of gangrene if both arteries and veins are completely compressed, than if the compression be imperfect so as to close the veins and hinder the escape of blood, while it is still allowed to enter by the arteries. In the latter case, œdema, with enormous rise in the blood-pressure must be the result. To avoid pain as much as possible, the final turn must not be tighter than absolutely necessary to stop the circulation. The questions, "How often can and ought the constriction to be renewed?" and "Is it better to use single *long* compressions, or frequent short ones?" require further experience to answer them satisfactorily.—*Medical Times and Gazette.*

THE IMMEDIATE CURE OF DRUNKENNESS — The *St. Louis Clinical Record* gives the following abstract of a report in the Cincinnati *Lancet and Observer*:

The patient, P. B. A., was a lawyer, aged fifty-seven; married; had a grown up family; had been a drinker for forty years. Had sacrificed home, property, business, health and professional reputation to his appetite. Had considerable abdominal dropsy at the time he was put under treatment.

Treatment commenced Sunday evening, Dec. 10, 1876. The patient was put to bed and his clothing removed from the room He was furnished a pint of good whisky and told to take what he desired during the night.

Dec. 11, morning. Pint of whisky about gone. To have another pint of whisky. During the day he drank some coffee and had eaten some ham and bread. To have mush and milk for diet. Evening, patient still in bed, to have all the whisky he desires during the night. Dr. McKinley gave him a drachm of Howard's hydro-sublimate of mercury (simply pure calomel), dry upon the tongue, washed down with a tumbler of whisky. Patient to remain in one position in bed, so far as possible. Pulse very feeble, eats very little.

Dec. 12, morning. Patient had three copious discharges from bowels during the night. Pulse good, about 100, skin soft and moist, feels very comfortable. At 6 o'clock, a. m., Dr. McKinley gave him a drachm of Squibb's powdered ipecac with whisky. To have all the whisky he wants during the day, mush and milk diet.

Evening. Has had four more operations of the bowels. Dr. McKinley gave him two scruples of powdered ipecac in the same way as the other medicine had been given.

At 11 o'clock, p. m., Mr. A. was desperately sick at the stomach, thought he was dying, sent for his physicians; more whisky ordered.

Dec. 13, he was very sick at the stomach and threw up some dark "bilious matter." No more medicine that morning; Dr. McKinley pressed more whisky upon the patient. About 10 a. m. he thought something had been put into the whisky to make him sick. A messenger was sent to his brother-in-law, who procured him a quart of the best whisky to be had. But he never tasted it. About 1 o'clock he requested his wife to remove all liquor out of his bed-room, as he had turned against it. He has never tasted any since, his taste for it was entirely gone, and has never returned.

Evening. He ate some milk and cracker after his stomach had settled. He has no nausea now. Had 25 grains of chloral in comp. spts. of lavender.

Dec. 15th, morning. Had eight hours' sleep. Bowels continue to move, discharges very offensive. Kidneys, act, swelling of abdomen about the same, although there is more gas and less water. At 6 a. m. Dr. McKinley commenced giving him grain doses of ipecac every hour, dropped dry on the tongue, gave him no food; slightly nauseated all the time, he did not vomit. Gave the last dose of ipecac at noon. To have hot milk and cracker when his stomach will receive it.

Evening. Patient improving, pulse good, bowels moved several times; no medicine. Next day, 15th, losing flesh rapidly, no medicine.

Dec. 16th. Takes hourly doses of ipecac, with one grain calomel in each of the first three doses in the afternoon. Bowels moved twice.

Dec. 17th. Abdominal dropsy all gone; patient up and dressed, and down stairs. Appetite good. Tongue nearly normal. Commences to-day to take syrup of iodide of iron, two ounces in six ounces simple syrup. To take a table-spoonful before each meal, and to return the same amount of water to the bottle, after each dose. When it becomes tasteless, to commence with the common tincture of iron, two ounces in six of syrup, and take in the same way, keeping the bottle always full by adding water after each dose.

His recovery was complete and there has been *no return of his appetite for alcoholic drinks.*

Dr. McElroy's conclusions from this case, and many others reported by Dr. McKinley, are as follows:

"First. That medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty of relief as from any other pathological condition.

Second. That what is done by specialists in the treatment of chronic drunkenness, can and should be done equally well by the profession at large.

Third. That reformation by the aid of medicine has a solid and real foundation in changes of structure on which appetite depends, which purely moral reformations lack, and are, therefore, less permanent."

Decomposition of Urine and Cystitis.—Dr. Thos. B. Curtis, in the *Boston Medical and Surgical Journal*, after recounting the experiments of Cazeneuve and Livon, Muscalus, Pasteur and Joubert and Berthelot, concludes therefrom that the ammoniacal decomposition of urine cannot take place without either the bacterial contamination of the urine or the admixture of the soluble ferment artificially prepared from previously contaminated and decomposed urine. In either case, actual or preëxisting bacterial contamination is an indispensable condition of the ammoniacal change. Therefore the decomposition of urine within the bladder must always be due to the introduction of bacteria or germs from without.

Recognizing this fact, Mr. Jonathan Hutchinson thinks that there is much doubt as to whether the usual practice of relieving the bladder by the catheter is judicious, so constantly does cystitis supervene after the use of instruments has been instituted. He inclines to adopt the plan of allowing the bladder to fill and overflow of itself. Traube, Niemeyer and many others regard the catheter as the frequent carrier of germs of bacteria which set up decomposition of urine and cystitis. Drs. Janeway and Seguin, at the New York Pathological Society, accounted for the greater liability of hospital patients to cystitis by the fact that the urinals they employ are not thoroughly cleaned, thus enhancing the danger of bacteria finding their way from them up through the urinary tract. These facts argue the necessity of a thorough disinfection of catheters and all urinary instruments and utensils employed in cases of retention.

For internal administration in cystitis benzoic and salicylic acids are recommended. Carbolic acid does not yield such good results. Borax dissolved in warm water (fifteen to twenty grains to the ounce) is a favorite injection. Dr. George Johnson, of London, strongly recommends an exclusive milk diet, and thinks its administration during the first few days after the operation of lithotrity is useful in preventing the cystitis which is apt to follow. Dr. Doukin also advocates the milk diet, but prefers skimmed milk, which is richer in caseine and salts and is more powerfully diuretic. Constipation resulting is a sure sign that the treatment agrees and can be obviated by judicious management. He regards skimmed milk also as very useful in Bright's disease, especially when complicated with dropsy.

Cockroach in Dropsy.—The cockroach is a popular remedy for dropsy in Russia. It is said to increase both urine and perspiration, with almost complete disappearance of albumen and renal derivatives from the urine. Dose, five to ten grains of the powdered insect. It does not, like the Spanish fly, produce irritation of the kidney. Dr. Bogomolow has

extracted from the insect the active principle, to which he has given the name of antihydropin. He attests its efficacy from an experience with it in nine cases of dropsy, accompanying Bright's disease, heart disease and other affections.

ALCOHOL DRESSINGS IN WOUNDS OF THE SCALP.—(*Med. Press and Circular.*) Professor Gosselin, in a recent clinical lecture, called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation. He did so because it was an example of the rapid healing of such wounds which has been so frequently observed under dressing with pure alcohol, without the development of any diffused or erysipelatous inflammation. The rapid cicatrization that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound give issue to sanguinolent sero-purulent secretion, in no wise resembling good pus. This secretion gradually ceases, and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for some time attracted Professor Gosselin's attention, in which wounds are healed by this intermediate mechanism, which is neither immediate cicatrization, nor cicatrization after granulation and suppuration. This mode of cicatrization in wounds of the head especially occurs when these are dressed with pure alcohol, other modes of dressing require the formation of granulations for healing. Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents, and leads to the quickest cicatrization. So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.—(*Clinic.*)

LISTER'S PROCESS.—Our eminent countryman, Dr. Marion Sims, has written a letter to the *British Medical Journal*, strongly endorsing Prof. Lister's theories and enquiring why his practice is so little followed in the United States and elsewhere. He rightly states that it is because it is so complex and costly. He prefers a combination of it with Guerin's raw cotton method. He says:

For the last ten years I have used plain, clean, dry cotton wool as a dressing for the abdominal section in ovariotomy, and I can truly say that no other dressing will compare with it. To kill atmospheric organisms in a glass flask with a long narrow neck, we apply heat and close the open neck of the flask with cotton wool, and nothing else, and it protects the contained fluid against all change indefinitely. About this there is no doubt. And to kill atmospherical organisms during surgical operations we use carbolic acid, or other germicide in spray, and with absolute success. Now, if at this stage of the operation, we could simply cover the wound over with cotton wool, as we do the putrescible fluids, it would save us a great deal of time, trouble and money. If the cotton wool "does not permit the entrance either of the yeast plant or any other form of dust" in the one instance, why should in the other? Professor Lister has proved in hundreds, nay thousands, of instances that cotton wool, unmedicated, uncarbolized, is alone sufficient to protect the contents of purified flasks against putrefaction. Guerin of Paris and James R. Wood of New York, have demonstrated its efficiency in protecting surgical wounds. They have not used carbolic spray at all. If they have achieved such good results with cotton wool alone, what may not be accomplished with carbolic spray and cotton wool combined?—(*Med. and Surg. Reporter.*)

A NEW SIGN OF PREMATURE BIRTH.—Everybody is familiar with the white points observed on the end of the nose of new born infants. They are due to dilatation of the excretory ducts of the sebaceous glands. Dr. Kuestner, of Halle, has noticed that in certain cases white points of this kind are seen on the alæ of the nose, cheeks, forehead, and principally on the chin and lower lip. They are due, like the preceding, to distention of the follicles, but they differ in size from those found on the nose. They are more abundant as the fœtus is removed from full term, and diminish as the pregnancy approaches its natural termination, so that at the end they are seen only on the nose. The author has examined twenty-nine children, born before term, and seventy at term, the first always presented other signs of premature birth, for example abundance of downy hair, small size and light weight.—(*France Medicale.*)

COLOCYNTH IN PAINFUL PERISTALTIC ACTION.—Dr. Jas. I. Tucker (*Chicago Medical Journal*) claims for colocynth an efficacy in relieving pain caused by excessive peristaltic action, second to that of no other drug, not excepting opium. He employs the tincture in just sufficient quantity to impart to the water, in which it is given, a slightly bitter taste. This given in tea-spoonful doses, repeated *pro re nata*, has relieved violent griping.

Diseases of the Ear Simulating Brain Trouble.—Dr. F. B. Talbot, (*Ohio Medical Recorder*) is of the opinion that many of the so-called brain diseases, considered obscure, and consequently incurable, are not brain diseases at all, properly speaking, but are simply diseases of the ear. An examination of many supposed cases of brain trouble reveals them to be an affection of the ear of such a nature as to be permanently relieved in a few moments by a simple operation. An accumulation of hardened cerumen or calcareous or chalky deposits in the meatus; or contraction of the tensor tympani muscle, causing pressure on the drum, and also, the chain of little bones, upon the fluid of the labyrinth, thus producing almost the same effect as direct pressure on the brain itself, and giving rise to the head symptoms so often complained of.

Hot Water Injections in Post Partum Hæmorrhage.—Dr. Runge (*Berliner Klinische Wochenschrift*) gives the result of the trial of intra-uterine injections of hot water in post partum flooding. The instrument was usually an irrigator, although in some cases an ordinary syringe was employed. The temperature of the water varied from 118° to 125° F. In two of ten of the cases, which were of simple post partum hæmorrhage, the relief was remarkable and prompt, although the usual remedies had previously been employed without avail. In five of these ten cases the water was the only remedy employed, and gave immediate relief. In two the result was doubtful, and in one no result followed. In the remaining seven cases in which it was employed, portions of the placenta had been retained, and no result followed, until these were removed. The great advantage of hot over cold water lies in its imparting heat, rather than abstracting it from the body at a time when no heat can be spared. Carbolic acid may be added to the water.—(*Boston Med. & Surg. Jour.*)

Treatment of Hysteria.—Niemeyer says, he accidentally hit upon a nervine of great efficacy in hysteria, and has made use of it with signal effect in many cases in which the affection seemed to be purely functional, viz: the *chloride of gold and sodium.* He used it with so much success as to have him recommend it strongly to his pupils. It is a well-known special re-agent upon the nerve tissues, much used in microscopical investigations. He prescribes five grains made into forty pills, with one drachm of gum tragacanth, and a sufficient quantity of sugar. It is said to excite the activities of the skin and kidneys, produce profuse and bad smelling perspiration, and discharges of urine, and an equally tonic and alterative effect upon the genital organs. It was largely used in the middle ages by Raymond, Lull, Basil, Valentine and Paracelsus; also by John Hartmann, first professor of chemistry in Germany, Mynsicht, and others. It was from these authorities that Hahnemann got all his indications for the use of the remedy. It finally was quacked with so much in the form of so-called gold pills, made of brick dust and madder, that its use was abandoned by reputable physicians. Dr. Vogt says, after it has been taken for six or twelve days, in small doses, it will improve the appetite and general appearance; also, arouse more strength and activity in all the functions, especially in the brain and nervous system, causing greater cheerfulness and hopefulness. I have used it for thirty-five years, and am much pleased with it.—(Dr. Peters in *Va. Med. Monthly.*)

Breech Presentations.—Dr. J. E. Clark, (*Proc. King's County Med. Society*) in an article on breech presentations, lays down the following rules:

1. In introducing the hand into the uterus, use great gentleness with firmness, and always support the fundus with the unoccupied hand.
2. Introduce the hand, the palmar surface of which will pass readily along the posterior aspect of the thigh of the fœtus.
3. Choose the foot most anterior.
4. Never bring down but one foot—reasons obvious. It leaves protection for cord, and gives bulk for dilatation.
5. Do not hasten the passage of the hips through the pelvis. Secure all the dilatation possible.
6. Guide the rotation of the child in its descent, so that the abdomen is posterior in relation to the mother.

A Dressing for Fractured Clavicle.—The principle is that of Dr. Sayre. The material used is common muslin instead of adhesive plaster. A ring of muslin stuffed with cotton is made to encircle the sound shoulder. A piece of muslin about sixteen inches wide, four times folded and sufficiently long, to permit of it being looped round the arm and the ring posteriorly. Another piece of muslin of about the same width is folded twice, and sewn at one extremity, into which the elbow, fore-arm and hand, are placed. The other extremity is then drawn under and through the ring anteriorly, when it is reversed, passed under the fore-arm and elbow, and fastened to the ring posteriorly.—(*Dr. Wackerhagen in Proc. King's County Med. Society.*)

LOCAL TREATMENT OF DYSENTERY.—Dr. H. C. Wood (*Medical Times*) enters a plea for the energetic and wide-spread trial of local treatment in dysentery (colitis), insisting that it is not less useful in this affection than in angina, and is useful on the same principle. Our experience with other parts of the body teaches us that different forms and stages of dysentery require variety in the strength and character of applications. In his experimental trials, Dr. Wood was led, from his experience in angina, to fasten on nitrate of silver as his remedy in dysentery, and it has worked so well that, with the few opportunities offered, no other has been employed.

Drachm doses have in no cases produced any constitutional symptoms, and doses of less than forty grains have not accomplished much good. Twenty-five grains to the ounce is a very common strength for use in angina, and when a drachm of the nitrate is dissolved in three pints of water for an injection, the strength of the solution is only a little over a grain to the ounce. The injection usually comes away in from five to ten minutes, although sometimes it is retained twenty minutes. It is well to have a solution of common salt on hand for immediate injection if symptoms of general action are developed. No occasion for its use has ever occurred in Dr. Wood's experience; but in the present stage of our experience it would, perhaps, be safer to use the salt, if at the end of ten minutes there were no indications of the expulsion of the silver solution.

In administering the injection, the patient should be brought near the edge of the bed and placed somewhat in the position for lithotomy, his buttocks resting on a hard pillow in such a way as to elevate the pelvis and cause the injection fluid naturally downward and inward.

CHRYSOPHANIC ACID AND PSORIASIS.—In a recent discussion before King's County, N. Y., Medical Society, Dr. E. R. Squibb remarked that very favorable accounts of the use of chrysophanic acid had come to us through the foreign journals. The Goa powder, an Oriental importation of unknown manufacture has been used with much success in psoriasis. This powder contains 85 *per cent.* of chrysophanic acid. The reported experience with these articles will abundantly warrant American physicians in using chrysophanic acid in this affection. Rhubarb, which contains from one to two per cent. of this acid, has been successfully employed in psoriasis. Dr. Tilbury Fox has recently advised the use of this acid in favus of the scalp.

NEW METHOD OF TRACHEOTOMY.—After the usual incision of the skin and division of the strong superficial fascia which connects the sterno-hyoid muscles, the knife is laid aside and the next part of the operation performed by two uterine tenacula. With these the deep layers of fascia are torn, and the thyroid veins are pulled aside until the trachea is sufficiently exposed. The tenacula are then inserted into the sides of the trachea, and slight traction is made, while the tube is laid open to the desired extent with a bistoury. The wound in the trachea is then made to gape widely, and any piece of membrane can be removed and the tracheotomy tube easily introduced. The advantages claimed for this method of operating are that it reduces to a minimum the risk of hæmorrhage, serves to fix the trachea without danger of compression of trachea and larynx, and facilitates the introduction of the tube.—(*The Doctor.*)

JUNIPER LEAVES IN PRURITUS.—Professor Boeck (*L' Union Medicale*) recommends juniper leaves for the itching which accompanies pruritus, urticaria, prurigo, eczema, and other cutaneous affections. The appliance for using them is similar to that of a vapor bath. The patient is shut in a box fitting closely around the neck, and under him is placed some red hot charcoal, upon which are strewn some juniper leaves, fresh or moistened with water. He is exposed to the vapor so produced for twenty or thirty minutes, and this should be repeated every second day. In some of the above mentioned diseases it succeeds admirably, in others, especially chronic cases, its efficacy is not so well established. This treatment, the writer says, has permanently cured many obstinate cases of pruritus and urticaria.—(*Canada Lancet.*)

GRINDELIA.—Dr. Bartholow says the therapeutical application of grindelia might be deduced from a study of its physiological action. The combination of an oleo-resin with a narcotic principle is one especially advantageous in the treatment of the respiratory neuroses. Our Californian colleagues have used grindelia with success in the treatment of the asthmatic paroxysm. If I may form an opinion from an experience with a few cases, I must admit that the California reports are well founded. In several cases of asthma, in cough maintained by habit and spasmodic cough from reflex causes, it has afforded decided relief. Like other so-called expectorants and diuretics, which contain an oleo-resin, grindelia is serviceable in chronic bronchitis and bronchorrhœa, and in catarrhal states of the genito-

urinary mucous membrane. The effect of grindelia produced on the cerebrum, as a hypnotic and anodyne, are strongly suggestive of a sphere of usefulness in the future. How far the anodyne and hypnotic action, so conspicuous in animals, will occur in man, remains to be seen.—(*Medical Brief.*)

INGLUVIN IN VOMITING OF PREGNANCY.—Dr. Frowert reports in the *Medical Record* a case in which he had followed the orthodox line of treatment, but without any success in relieving the distressing vomiting. His attention having been called to *ingluvin*, he prescribed five grains of the remedy every two hours for three or four days with the effect only of diminishing the violence of the attacks of retching and vomiting. He then increased the dose to ten grains every two hours, with the effect of confining the attacks to such times as she would see or smell food. He then gave seven grains half an hour before meals with the effect of controlling the attacks. He has also used ingluvin in chronic dyspepsia in cases where pepsin had failed.

LOCAL EFFECT OF QUININE IN DIPHTHERIA.—Dr. E. J. Zinke, of Cincinnati, in the *Clinic*, extols the use of quinia as a topical application in diphtheria. His experience is confined to three cases, but the success of the remedy was the more marked from the fact that these three recovered while four cases treated in the orthodox manner immediately before, terminated fatally. The manner of using it was in solution and applied by means of an atomizer; strength, a drachm of the salt to an ounce of water with enough hydrochloric acid to make a clear solution. Quinia acts by killing the micrococci, masses of which, betraying no signs of life, were discovered by Dr. Zinke in membranes thrown off in the cases reported.

WHEN IS DIGITALIS USEFUL IN HEART DISEASE?—Dr. J. Milner Fothergill summarizes the indications as follows:

1. Digitalis is useful in aortic stenosis. By exciting a more powerful ventricular contraction, it enables an equal bulk of blood to be driven through a narrowed orifice in an equal time, thus establishing a new equilibrium.

2. In the earlier stages of aortic regurgitation with massive hypertrophy, it is harmful rather than useful.

3. In the later stages of aortic regurgitation, where the heart is failing from mural decay, and especially when intermitting, digitalis may be given with at least temporary advantage.

INTRA-UTERINE INJECTIONS OF ERGOT IN POST PARTUM FLOODING.—Dr. Ashe of Wadesboro, N. C., has for twelve years been using ergot as an intra-uterine injection in post partum hæmorrhage, and in the following manner: Remove coagula; then with a Davidson syringe wash out all blood with cold water, and quickly inject into the cavity ℥ss Squibb's fluid extract of ergot with water ℥jv. The effect has invariably been promptly to bring on strong permanent tonic contraction. Other physicians, to whom he has recommended the remedy report favorably of its use, pronouncing it more prompt than Monsel's styptic. It is liable to none of the dangers attendant on the use of iron as an injection. The doctor anticipates a very natural remark: Some medical critic, having more theoretical than practical information, may say that the result should be ascribed to the removal of coagula and the cold injections, &c., but such is not the case, as before using the ergot he had employed those agents many times unsuccessfully, but unfailing success has always attended the use of ergot when thus applied.—(*Va. Med. Monthly.*)

CURARI—A CURE FOR HYDROPHOBIA.—At Münster, Westphalia, Germany, a girl was bitten by a mad dog on the 23d of July. On the 16th of October following, hydrophobia manifested itself, and morphia and chloroform were futile in allaying the spasms. Dr. Offenburg then injected three centigrammes of curari, and repeated it five times, though not always in equal quantity, for four hours and a half. The convulsions began to diminish after the second injection, and soon disappeared. Paralysis of the chest was prevented by artificial respiration, and in two weeks the girl was well again. The remedy is a terrible one, but the disease is still more so, but the success of any remedy will be hailed with the greatest satisfaction by humanity.

IODOFORM IN BLENORRHAGIC EPIDIDYMITIS.—The use of iodoform ointment in epididymitis justifies the following conclusions: 1. It calms the pain better than any other application 2. It exerts a very manifest resolvent action, and has the advantage over mercurials of causing no trouble when absorbed. 3. It shortens appreciably the duration of the orchitis and prevents consecutive induration of the organ. 4. It is necessary to employ ointment, containing, according to the intensity of the inflammation, from one to two grammes of iodoform to thirty grammes of lard.—(*Le Bordeaux Medical—Louisville Med. News.*)

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, FEBRUARY 7, 1878. No. 2.

EDITORIAL.

The history of medical journalism in Michigan dates from July, 1853, when the *Peninsular Journal of Medicine and Collateral Sciences* was edited and published in Ann Arbor by Dr. E. Andrews, then Demonstrator of Anatomy in the University of Michigan and now Professor of Surgery in the Chicago Medical College, and printed by Geo. E. Pomeroy & Co., *Tribune* office, Detroit. With the second volume Dr. A. B. Palmer. Professor of Materia Medica, Therapeutics and Diseases of Women and Children, was put on as co-editor with Dr. Andrews. In 1855 the publication was removed to Detroit when Dr. Zina Pitcher, then emeritus Professor of Obstetrics and Institutes of Medicine at the University, and Drs. Palmer, Brodie and Christian became editors and proprietors. Three volumes were issued under their supervision, and at this time (1855) the journal bid fair to be self-sustaining, and was received with great favor by the profession not only in Michigan but in the neighboring States and Canada.

In 1856 Dr. Henry Goodby made a proposition to the *Peninsular* to publish a series of articles on the "Links connecting the Animal and Vegetable kingdom," and which he desired to be copyrighted to himself and also profusely illustrated. The publishers of the *Peninsular* could not see their way pecuniarily to do this, and declined the proposition.

This led to the publication of the *Medical Independent*, with Drs. Goodby and E. Kane as editors for the first year, and Drs. Gunn and Robinson for the second. It was now developed that the profession could not sustain two journals, and the publishers not feeling willing to pay for them themselves, overtures were made, and in April, 1858, the two journals were merged into the *Peninsular and Independent Medical Journal*, which was edited by Drs. Palmer, Gunn and F. Stearns, and published by Higby & Stearns. Two volumes were issued, and Dr. Gunn, in his valedictory editoral, said: "The publishers cannot afford to carry on a losing enterprise, and *we* are unwilling to do more than *to work* for its maintenance. Thus closed the first chapter of Michigan journalism.

An interval of six years elapsed, during which time no medical journal was published. Medical politics had a rest, and the profession generally was in a state of harmony. A new project was in embryo, and it was necessary to have an organ; so in April, 1866, the first number of the *Detroit Review of Medicine and Pharmacy* made its appearance. Eleven volumes of this journal were delivered to its subscribers, when *it*, also, died.

In March, 1870, the *Michigan University Medical Journal* was issued. It was edited by the Faculty, and presented a very creditable appearance, not only in its "get up" but also in its editorial capacity; but even these could not save it. Three volumes were issued and its publication ceased.

But the name of the old *Peninsular Journal of Medicine* still had a hold on the profession of Michigan, and as the *Michigan University Medical Journal* was discontinued with its February issue, so the *Peninsular* appeared in its place in July, 1873, with Dr. H. F. Lyster as editor, and a corps of assistants. This journal issued four volumes, and during its four years of existence its editorial corps was frequently changed until, in January, 1876, Dr. J. J. Mulheron took exclusive control, and edited and published it for that year. Again it was found that the profession of the State could not sustain two expensive journals, and the year 1877 opened by the union of the *Peninsular* and the *Review* into the *Detroit Medical Journal*, edited by Drs. Mulheron and Connor, the former editors of the *Peninsular* and *Review*, and published by E. B. Smith & Co.

Again "history repeats itself," and like the union of the *Peninsular* with the *Medical Independent*, the 31st of December, 1877,

found the *Detroit Medical Journal* a corpse. And thus ends the second chapter.

In a subsequent number we will show why medical journalism has not been a success in Michigan. W. B.

OURSELVES.

The favor with which the NEWS has thus far been received has exceeded our most sanguine expectations. We are daily in receipt, from all sections of the State, of letters commending the enterprise and welcoming it as supplying a want long felt by the busy practitioner. The following is a sample of the many letters now before us:

"I am much pleased with the general appearance of your first number—brevity, pith, and practical value in every line. The great trouble with medical journals of the present day, is too much long and senseless theorizing; too many abnormal cases reported at length; too much that is mere talk and of no earthly good, and not the short and compactly-put-together facts and experiences which are of such benefit to the active practitioner; too little wheat to pay for gathering from such an amount of chaff. I am happy to see that the NEWS so well corrects these faults. Inclosed find my dollar."

We appreciate these cheering words, and are resolved to more and more deserve them.

The following is a list of those who have remitted between our last issue and this date (February 7). Any whose remittances are not acknowledged here will please notify us immediately:

L. Younghusband, Wm. Brodie, W. C. Stevens, H. F. Lyster, D. H. Wood, D. Maclean, John Langley, — Vaughn, — Hartley, — Royce, I. D. Campbell, O. C. Johnson, M. H. Williams, R. H. Stevens, B. J. Murray, T. A. Fairbairn, E. F. Flowers, W. Cox, J. M. Van Norman, J. Sims, C. H. Land, G. A. Frothingham, E. S. Dunster, W. F. Reed, H. B. Ranney, H. O. Hitchcock, J. M. Swift, C. F. Bennett, A. J. Thomson, S. D. Frederick, D. Warren, J. Garst, J. W. Heath, W. L. Schoales, D. Geib, P. M. Burke, C. E. Dampier, G. G. Gordon, Joshua Jones, Mary Armstrong, A. H. Fitch, W. H. Smith, C. W. Wooldridge, V. H. Jackson, F. A. Foster, A. N. Moore, E. K. Watts, J. W. Was, L. M. Gates, W. Decker, G. W. Spencer, J. H. Lyon, — Sifton, S. M. Benner, W. H. Miller, N. L. McLachlin, Alex. O'Neil, C. H. Stowell, G. W. Langford, G. A. Foster, D. O. Farrand, G. R. Thomas, M. H. Andrews, Dorr Vincent, Hamlet Hart, W. J. Webb, W. H. D. Lewis, T. M. Marcellus, W. L. Pierce, G. N. Wilson, J. A. McLeod, S. A. Manzer, E. B. Evans, E. V. Chase, James Harvey, E. S. Stebbins, Thos. A. Kay. James S. Kier, C. B. Allyn, D. F. Boughton, F. C. Church, R. W. Corwin, J. Coughlin, D. M. Dill, L. Flexor, G. W. Furey, W. W. Green, M. S. Hard, D. A. McLean, W. F. Reid, A. M. Reed, C. Rynd, H. A. Shurtleff, A. M. Smith, R. Stephenson, F. B. Stowell, J. L. White, E. Williams, C. L. Ward, L. A. Wessel, A. Slaght, A. B. House, E. S. Snow, C. Henri Leonard, Curtis & Doty, J. H. Lowman, C. G. E. Weber, A. D. Warner, — Stocking, — David, E. L. Deuel, Gertrude Banks. W. R. Gorton, Erastus Berry, C. E. Koon, H. L. Baker, W. F. Reiber, John Lee, L. D. Cyr, J. H. Travis, J, S. Abbott, C. C. Aibbard, C. A. Terhune, A. J. Mesic, J. L. Campbell, L. W. Baker, C. M. Ellsbury, J. W. Barnard, B. L. Saeger, J. R. Francis, A. B. Palmer, A. B. Prescott, L. C. Marsh, H. C. Fairbanks, E. H. Goodwin, C. Taylor, J. J. Moore, A. W. Adams, C. F. Cochrane, C. A. Babcock, — Chaffee, F. S. Dennis, C. P. Frost, L. M. Goodrich, J. S. Howard, Chas. S. Knight, W. S. Little. Med. Journal and Library Association, New York City, S. W. Thayer, University of Michigan Library, A. F. Kinne, J. M. Elliott, D. C. Powers, J. B. Townsend, G. B. Ward, T. Norton, C. J. Carama, Surg. Gen'l U. S. A., J. W. Sackett, O. N. Tindall, C. F. Burger, G. C. Pease, Edwin Stewart, J. W. Mason, S. H. Brittain, W. H. Young, L. W. Hanson, G. H. Chappell, A. M. Bucknam, C, W. Davis, J. M. Rankin.

OBITUARY.

EDMUND RANDOLPH PEASLEE, M.D., LL.D. —This distinguished physician and gynæcologist died at his residence, in New York City, on the 21st of January. He was born in Newton, N. H., January 22, 1814, and was consequently within one day of completing his sixty-fourth year. The immediate cause of death was pneumonia, consequent upon the exhaustion and exposure of a long journey into the interior of the State for the purpose of performing an ovariotomy. He had, however, been more than usually over-worked for some weeks previous, and hence was in a poor condition to stand the loss of sleep and fatigue incident to his journey and operation.

Dr. Peaslee graduated at Dartmouth College in 1836, in the same class with the Rev. Dr. S. C. Bartlett, now the President of Dartmouth, Timothy P. Redfield, the distinguished jurist, Senator Grimes, of Iowa, and other eminent men. On graduation his superior scholarship gained for him the position of tutor in the college, and he remained at Hanover till 1839, studying medicine meantime. In 1840 he was graduated M. D. from the medical department of Yale College, and the next year returned to Hanover, where he began the practice of medicine and, also, gave lectures in the medical school attached to Dartmouth College. He became Professor of Anatomy and Physiology the following year, 1842. This chair he held till 1870, when he was transferred to the chair of Obstetrics and Diseases of Women, which, in the following year was, at his own request, divided, and he continued until his death to give the instruction in diseases of women. In 1843 he was attached to Bowdoin College in the department of anatomy and surgery, and filled the chair till 1857, when he dropped anatomy, retaining the surgery until 1860. In 1851 he became Professor of Physiology and General Pathology in the now defunct New York Medical College—the Thirteenth Street School, as it was familiarly called. In 1859 and 1860 he held the Professorship of Obstetrics in the same college, succeeding Prof. Fordyce Barker. In 1870 he was made Professor of Gynæcology in the Albany Medical School, but filled the place only two or three years. In 1874 he was appointed Professor of Gynæcology in the Bellevue Hospital Medical College, and held the chair at

the time of his death. He received the honorary degree of LL. D., in 1856, from Dartmouth, and became Trustee of the college in 1870. He had also received the highest medical honors, having been, in New York City alone, the President successively of the County Medical Society, the Pathological Society, the Obstetrical Society, and the Academy of Medicine. He was, also, at the time of his death, the President of the American Gynæcological Society, as well as member of many other prominent Societies both in this country and abroad.

Dr. Peaslee is best known to the profession for what he has done in behalf of ovariotomy; but outside of this he has accomplished more than most men. After graduation he spent a year in Europe, studying Physiological Chemistry and Histology, and on his return began the preparation of his work on Human Histology, which was published in 1854. This was based, to some extent, on Robin & Verdeil's well-known work, but it was no translation or imitation. It occupied all the time that he could take from his practice for ten long years, and every experiment and microscopical examination was repeatedly verified before he would admit it into his own book. The close and conscientious labor spent in preparing this book nearly cost him his life, and it was while writing it that his personal appearance changed—his hair and beard turning to a silvery white—so that at forty he looked like a man past sixty years of age. The larger and more recent works of Frey, Stricker, and others, have displaced Dr. Peaslee's Histology, but no book has yet been written on this unattractive subject which is as well adapted to the needs of the student as this. It is characterized by the terseness of language, the clearness and originality of thought, logical order and succession in argument and arrangement which are so marked in all his writings, and which made him so successful a teacher. He also, during the ten years referred to, published many most elaborate and valuable articles in various medical journals, most of them being upon subjects connected with surgery.

In 1850 he performed his first ovariotomy. His attention had already been attracted to the study of the operation, but from this time forward he gave special consideration to it and began the publication of a series of articles which, it is believed by his friends, did more to put the operation on a secure footing than the labors of any other man in the United States, notwithstanding the fact that several others far outranked him as to the number of operations. The reports of his cases, which were always made the text for appropriate remarks and discussion, and his papers on the subject, attracted so much attention that he was soon consulted from all quarters, and he felt it his duty (as he often said to the writer of this sketch, who was for years his pupil, assistant and colleague) to prepare a systematic work on the subject, which should embody all that was known of any value, so that the profession might avail themselves of it without the labor of search through an endless amount of matter.

The resolution was easy for him, but the work was difficult, for he was already one of the busiest of metropolitan practitioners. The time for the mechanical drudgery of writing he found only by the closest and almost jealous economy, and it is a literal fact that a very large share of this great work—which he gave to the profession in 1870, and which was pronounced by one of the leading English journals as "the most complete medical monograph that was ever written in this country,"—was composed while he was riding in his carriage in the streets of New York City to attend his patients. His composition was, not infrequently, on scraps of paper or sheets of irregular size, and was afterwards put into shape by an amanuensis, or by his own hand if he could find the opportunity. So critical was he that he rarely published a paragraph as it was originally written, and his manuscripts were full of erasures, interlineations and additions, most perplexing to decipher. This book added to his already great fame and gave him a world-wide reputation. The historical sketch of the operation, which forms the opening chapter of the second part of the book, is the most complete ever written, and it is needless to say that in it Dr. Peaslee made good the claim of this country to the origination of ovariotomy, yet recognizing the great merit of England in what she had done, with an impartiality as strict as it was felicitous, he dedicated his book to the memory of Dr. Ephraim McDowell, "the father of ovariotomy," and to Mr. Spencer Wells, "the greatest of ovariotomists."

In person Dr. Peaslee was tall and slim, with a face the natural pallor of which was heightened by his snow-white hair and beard. His expression was thoughtful, almost even to solemnity; his voice was feeble and his constitution apparently weak and good for nothing; yet he endured an amount of work, both intellectual and physical, that would have killed many a more robust man. He seemed almost as if on the verge of the grave, which gave rise to a characteristic remark from his colleage, Dr. Sayre, that Peaslee had looked, any time for ten years

past, "like death on a horse, but he (Sayre) thanked God that he had been permitted to live to complete his great work on ovariotomy."

It is a matter of regret that the limited space at our command will not permit an estimate of his character, for it was one well worthy of study and imitation, and abounds in lessons of encouragement for all young physicians. Of humble origin, he worked his way unaided to the highest rank, and he has made an impress on his day and generation which cannot be effaced. "The world was better and wiser for his having lived in it; and he has left behind him a name which shall be cherished by his professional brethren as one of the brightest on record."

E. S. D.

Dr. Henry W. Dean.—Whilst in the enjoyment of the quiet Sabbath by his own fireside, in Rochester, New York, on the 13th inst., in the best of health, and with his daughter Fanny by his side (Mrs. Dean having died in April last), Dr. Dean was suddenly taken with bleeding of the nose accompanied, with vomiting and purging, and before medical aid could be obtained he was beyond all earthly assistance. Thus died, in the harness of his profession, in the prime of life and the height of professional practice, one of the most estimable of men and beloved of physicians, whom to know was to respect. Dr. Dean took great interest in the progress of medical science, was a member of the State Medical and other societies, and of the American Medical Association since 1855. At St. Louis, Missouri, he was made a member of the Judicial Council, which position he held at his decease, and for the past two years was its chairman. He left his friends, his profession and his family as he lived, a Christian gentleman of the old school. *Requiescat in pace.*

W. B.

Dr. Wm. Stokes, one of the most eminent physicians that Ireland has ever produced, died in Dublin on the 7th ultimo at the age of seventy-four years. He was the colleague and associate of the illustrious Graves, with whom so much of his work on auscultation and percussion was done. His writings are known the world over; the three most important of his works—which are justly considered classics in medicine—being his "Treatise on the Diagnosis and Treatment of Diseases of the Chest"; "Diseases of the Heart and Aorta" (1854), and "Lectures on Fever" (1874). He received the highest honors at home and abroad that the profession could bestow upon him. He held for many years the Regius Professorship of Physic in the University, succeeding his own father in the chair. Though his death has been anticipated for some weeks, now that it has come, none the less will it cause a sincere sorrow in the minds of the profession of this country, to whom his name has been so long and so pre-eminently well-known.

As we go to press the telegraph informs us of the death of Dr. Lunsford P. Yandell, Sr., of Louisville, Ky., at the age of 73.

ORIGINAL ARTICLES.

DEATH FROM PARALYSIS OF THE HEART,

From its mal-nutrition, owing to contraction of the mouths of the coronary arteries by thickening of the aorta. Case reported by H. O. Hitchcock, A. M., M. D.

L. S., a German, age 32, living at Sturgis, Michigan, came to Kalamazoo, January 23, to see a "Doctor" Long, an apothecary, to whom he had been recommended to procure some medicine to rid himself of a tapeworm, with which he believed he had for some time been troubled. He went into the drug store, made know his errand, and after a little conversation, Long, as he testified at the coroner's inquest, weighed out three drachms of kooso, and after having steeped it in half a cup of milk, gave it to the German who drank it at once. The patient after a little time went out upon the street, but within a short time came back, sat down in a rocking chair, appeared faint, and was, within five minutes dead.

At the coroner's inquest the following additional facts appeared: The man had for some weeks been complaining of a bad feeling about the chest and about the stomach. As he had at several times passed some links of a tapeworm, he attributed all his bad feelings to the presence of the tapeworm, and had tried several medicines recommended as sure to expel that entozoon. None of these appeared to relieve the bad feelings in the chest and stomach. These bad feelings had of late increased. They were worse when he was standing, and particularly so when he walked about. He seemed tired and faint, and would often seek to sit down. For five or six days he had taken but little food, the stomach appearing to be irritated and inclined to reject every thing but whisky, which, for a little time, he had taken quite often and rather freely, as he said that would relieve the pain in the chest—which no medicine would do. He had not complained of this pain until within three or four months, and not very much until within two or three weeks.

The circumstances of his death being unusual, and some circumstances exciting suspicion among some of his acquaintances, I was authorized by the Prosecuting Attorney to make a *post mortem* examination of the body, which I did the next day, with notes as follows:

Body fairly nourished; rigor mortis well marked; dark purple spots on various parts of the body, especially at upper part of chest in front and about the neck and most dependant parts of the body. No appearance of marked disease in peritoneal surface of any of abdominal organs. The lower portion of the ileum contained a tape worm, perhaps six feet in length. No congestion of any part of the intestines. Kidneys congested, otherwise healthy. Mucous surface of stomach congested; quite red in spots, the spots being made up of minute red points. The appearance of the stomach might have been produced by the whisky he had lately drunk. Liver and spleen healthy. Lungs healthy, except conjested, crepitant in all parts. Heart a little larger than normal, quite flabby, and all its cavities containing a moderate amount of dark blood, a small portion of which was coagulated; none of the cavities were distended with blood. In the right ventricle was a clot of fibrin, tough, elastic, and attached to some of the columneæ carneæ appearing to have been of ante-mortem formation; all the valves of the heart healthy. The aorta, from its origin throughout the arch and descending portion of it, was the seat of diseased action which had resulted in thickening the walls by a considerable deposit of a yellowish, elastic substance in numerous patches in the middle layer. Particularly was this the case at the very beginning of the aorta, and most especially just where the coronary arteries take their origin. Here the morbid deposit was nearly or quite two lines in thickness, and appeared to lessen the calibre of the aorta and to very materially contract the mouths of both coronary arteries to such a degree that only a small eye probe would enter them. Those arteries as they traversed the heart did not appear to be affected by this morbid deposit, their calibre at the middle of the heart being at least five or six times that of their mouth.

The brain was healthy, except congested as all other organs were. I gave it as my opinion that the man died from paralysis of the heart occasioned by its mal-nutrition from coarctation of the mouths of the coronary arteries by the morbid deposit in the middle coat of the aorta—verdict of jury accordingly. I thought such a condition of the heart would account for the pain and bad feeling in the chest, aggravated by walking or by work, or even by standing up.

Such condition of the artery is quite unusual in a person so young. Could such a condition be produced by constitutional syphilis? No facts were elicited as to such a history.

KALAMAZOO, Jan. 26, 1878.

UNIVERSITY CLINIQUE.

PENETRATING WOUNDS OF THE EYE in the University Clinique. Cases reported by A. M. REID, Clerk of Ophthalmic Clinique.

CASE 1. C. S., aged 25. Manchester, Mich. Entered hospital Monday, Nov. 5, 1877, with the following history: Snapped a cap on his gun last Sunday in order to clean it out preparatory to going out hunting. When the cap exploded he felt a part of it strike him in the right eye. He applied to a local physician and was recommended to go at once to Ann Arbor and consult Prof. Frothingham. When patient entered the hospital (twenty-four hours after the injury) he had great pain in the injured eye, which was completely blind, and an examination proved that a traumatic cataract had already formed. There was posterior synechia of outer portion of the pupillary edge of the iris, and slight sympathetic irritation in the other eye. There was a wound near the center of the cornea of the right eye where some foreign body had evidently entered. A large opening in the lens could be seen, through which the vitreous humor had passed into anterior chamber, a portion escaping through the corneal wound.

Treatment: Apply 4 gr. solution of atropine three times a day, cold compresses and complete rest.

Tuesday, Nov. 6th. Pain still continues and the uninjured eye is about the same. Corneal wound partially closed.

Wednesday morning, Nov. 7th. Had great pain last night and pain continues to gradually increase; irritation in the other eye is also increased, and patient cannot bear to have it exposed to the light. Enucleation recommended, Prof. F. remarking that in a case with this history and such acute inflammatory symptoms there was no reasonable hope of any recovery with sight in the injured eye. The foreign body had entered the eye and was probably lodged there, as such bodies seldom pass completely through the eye-ball; any delay would only add to the patient's suffering and endanger the other eye which showed unusual irritation for so early a stage in the case. The patient readily assented to the operation, and it was performed before the class (the patient being under chloroform).

The operation consisted in carefully dissecting up the conjunctival attachment, then with a strabismus hook seizing each of the recti muscles, and in succession cutting them close to their insertion into the sclerotic coat. The oblique muscles are next seized and divided in the same way. The scissors, curved on the flat and probe pointed, are next passed, with the blades closed, behind the globe until they reach the optic nerve. The blades are then opened and the optic nerve cut, when the eye ball can be readily drawn out of the socket. The posterior part of the globe was found to be attached to the ocular fascia by inflammatory adhesions. Upon dissection of the enucleated eye quite a large piece of the gun cap was found lodged in the choroid membrane. Prof. F. remarked that the position of the foreign body with slight purulent deposit about it showed that the proper course had been taken, and also illustrated how rapidly these changes sometimes occur in some inflammations. In this case there were adhesions between the iris and capsule of the lens within 24 hours after the injury, and they were sufficiently strong to prevent complete liberation by the action of atropine subsequently used. That portion of the iris was sufficiently inflamed to prevent a full response to the influence of the atropine, and hence the traction on the bands of adhesion had not been a strong one. The other portions of the iris responded readily to the atropine. There was also a trace of pus about the foreign body. The adhesions at the posterior part of the globe had occurred also at a very early stage of the disease. When an eye has been long inflamed we always expect these adhesions, they often exist to such an extent that the operation of enucleation is quite difficult, necessitating repeated use of the scissors to liberate the globe. A new operation for enucleation has lately been brought to notice. It consists in incising the outer portion of the conjunctiva dividing the external rectus or external and internal recti, then cutting the optic nerve and rolling the eye-ball out, severing the other muscles from the globe as they come into view. When there are no inflammatory adhesions this operation can be easily performed, but when such adhesions exist it is an awkward operation and may lead to such injury of the muscles of the globe as to impair or destroy the mobility of the stump. In any case it has no advantage over the ordinary mode.

Nov. 8th. Patient rested well during the night and feeling much better. Cold water dressing continued.

Nov. 9th. Pain completely relieved; patient feeling well, tongue clear, pulse natural.

Nov. 10th. Appearance at the clinique—doing well.

Nov. 16. Patient left hospital.

GRINDELIA ROBUSTA IN COUGHS.

BY C. HENRI LEONARD, M. D., DETROIT.

Your selection from an article by Dr. Bartholow on the use of grindelia robusta leads me to send you the following item:

For something over a year, now, my usual cough mixture in cases of bronchitis, or even in certain stages of pneumonia, is the following:

℞. Ext. yerba santæ fl..... ʒ i.
Liq. potassæ..... ʒ i,
Ext. grindelia robusta fl.
Tr. opii. camph.
Syr. scillæ, *vel.*
Syr. ipecacuanhæ.....āā ʒ i.
Mix. S.—Teaspoonful every three hours.

I think this formula a great improvement on the usual one of ipecac, senega and squills, unless a depressant effect is needed, as in the *first* stages of pneumonia. In the hacking cough of phthisis, and in the cough from enlarged heart the grindelia robusta is an excellent adjunct; and in asthmatic coughs and other difficulties I have found the drug to be almost *ne plus ultra.* This is pretty strong language; but a large experience in the use of it leads me to adopt the phrase.

The yerba santa, an excellent bronchial remedy, from its richness of balsamic principles is easily precipitated when water (as syrup) is added as an excipient, and for some time bothered me a good deal in making an eligible prescription of it. I found, on experiment, however, that a small amount of liquor potassæ overcame tendency to precipitation, and this accounts for it in the above prescription. Besides this, it is not objectionable in itself; as an alkali it tends "to cut" viscid mucoid discharges.

BOOK NOTICES.

DISEASES OF THE NASAL CAVITY AND VAULT OF THE PHARYNX. From the German of DR. CARL MICHELS, Specialist in Laryngo-Rhinoscopic Surgery. Translated and published by Mr. C. IUNG, Detroit, Mich.; 8vo., pp. 109. Price 75 cents; furnished with the MICHIGAN MEDICAL NEWS for 40 cents.

This interesting pamphlet affords the strongest evidence of the advantages to science, of *educated* men devoting studious attention to a particular department. Throughout the book the anatomy, physiology and pathology of the regions and organs under consideration are treated with clearness and much originality. The methods of exploration are well delineated. Perhaps the favorable expressions in regard to sun-light reflected by mirrors are not strong enough to

impress the general practitioner with the fact that the best of all illumination for dark passages is at the command of every one. The essential theme of our author seems to be the teaching of a truly important advance in the treatment of morbid developments by *galvano cautery;* and it would be difficult to find fault with that part of his labor.

In regard to deflections of the *septum narium* from hypertrophy, our author is as silent as most others. Why noses should be allowed to wind, like the mould-board of a prairie plough—to be occluded and *ozœnous* on one side and cavernous on the other—by a hypertrophied vomer and cartilage, when exsection of an eliptical portion will check the deformity and relieve its sequences, we do not understand.

The diagnosis and pathology of *true ozœna* are ingeniously arrived at by observations and *exclusion*, but after-thought—or, rather, after-thoughtlessness—seems to have confounded *supra pharyngitis* with the disorder under consideration.

We believe that Dr. Michel's book is too limited in its *pharmacologia.* No mention is made of aqueous, or acidulated, or alkaline vapors or sprays; nothing of vapors of iodine, or nitric acid *fort*, both of which we have found useful in nasal and pharyngeal affections. For inflammation we could scarcely consent to confine ourself to *potass chloras* and *argent nitratis* to the exclusion of *zinci carb.*, *soda bi-boras*, *bismuth* and *krameria.* We should not have the boldness to practice "*uninterrupted pumping of water into the nasal and pharyngeal vault*" unless the Eustachian orifices were irredeemably closed. There is in the book no claim to having exhausted the subject, but more of the character of a "report of progress," and we commend it as the most valuable treatise on the subject which we have ever seen. We trust that the profession may be favored with further developments from the same author and the same translator.

In regard to the rendering into English, we would object to coupling a good translation with a parenthesis including the original words, and abstract definitions. Some of the terms and expressions used are scarcely consonant with the idiom of our language; *e. g.*: "concerned spot" for affected; "knocking off" for abrasion, when no blow could could have been struck; "sagittal position" for vertical; "more painless" for less painful. In comparisons, the author himself must be responsible for "the color of a nut"—of which we Americans see a great variety of colors—"thickness of a needle" (?) a fine "cambric" or a wool sack needle? J. H. B.

PHYSICIAN'S DOSE AND DAY BOOK. By C. HENRI LOENARD, M. D., Detroit. Price $1.25; furnished in connection with the MICHIGAN MEDICAL NEWS for 50 cents.

We have had occasion in other connections to commend Dr. Leonard's Dose Book. He has now combined with it a Day Book, or visiting list, and the two combined make up a pocket companion which needs only to be seen by the general practitioner, to be appreciated for its very practical qualities. Dr. Leonard has a keen appreciation of the wants of the profession in certain directions, as his *multum in parvo* series testifies, and the present little volume detracts none from his reputation. It is adapted to any year and date. Its obstetric memoranda are a feature of the book which especially commends it.

Sample pages will be sent on receipt of postage stamp.

MISCELLANY.

ADVICE TO OVER-WORKED PHYSICIANS.—There is a peculiar and doubly mournful interest attaching to the following article, copied from the *Boston Medical and Surgical Journal* of September last, for it was written on the occasion of the death of Dr. A. B. Crosby—the author being Dr. E. R. Peaslee, whose death is noticed in the present number of the NEWS. It is the substance of a conversation with Dr. Crosby on his becoming a resident of New York City in 1872, and although the advice is given with special reference to this fact, it is none the less applicable to over-worked physicians anywhere. The mere mention of the two names so well known to the physicians of this State and the country at large, to say nothing of the startling fact that the death of both of them is clearly traceable to over-work, will enhance both the value of the advice and the reader's interest therein.

"You have come to reside in this metropolis at a dangerous time of life, and it is peculiarly so for one of your mental characteristics. The age of forty is a critical period in any hard-working and conscientious physician's life. Such a man has probably already secured a certain foundation for success, and a patronage which will support himself and family. But he does not yet feel assured of this, and still labors as unintermittingly as for the previous ten years to certify his success. But God has given sufficient vital force to last a man of average strength, if he taxes it continually in the practice of our profession, only till he is about forty years of age, or more accurately to the sixth septennium, or forty-two years. Hence very few such men can go beyond this

date without breaking down, and perhaps not to recover. Some are overtaken at an earlier age than forty, and some may go on to forty-four or forty-five, but the general proposition is as has been stated. The only sure means of escape are timely rest—and it should be periodical and complete—and sufficient sleep. You are now about forty* and have not systematically commenced with either. But this danger is evidently augmented if at this time of life a change of location is made, since the needed respite will certainly not be secured, but anxiety and labor also will be increased in securing success in a new position.

"But there is still another element which will tell still more against you. I allude to your social tendencies, your facility as a speaker, and the fact that you are, therefore, a favorite on convivial occasions. I have no apprehension that the allurements of city life, fatal to so many, will overcome a man who very seldom (and always lightly) drinks wine and never uses tobacco; but you will often be solicited to make after-dinner and public speeches, and to give popular lectures, and to such calls you will be very likely to respond, at the expense of much extra mental labor and the risk of breaking down.

"You do not know, and I shall, therefore, tell you, how I have, as I believe, avoided the consequences which I fear for you. I found, early in my career, that I had not the strenth to attain to my own ideas of professional acquirements and standing, and also to engage habitually in extra-professional labor and excitement; that I must entirely forego convivial and to some extent even social pleasures, or forfeit to a corresponding extent what I held to be the true aims and duty of a medical man. I have therefore never, like you, acquired the reputation of being a good fellow, and have usually escaped the solicitations from that direction which you will constantly have to meet. I, also, many years ago, learned that the man who energetically uses his brain for sixteen hours daily, need eight hours to repair it thoroughly, which means that he needs eight hours of normal sleep. But as this cannot be secured by a physician in practice, I have adopted the best substitute I could command, and habitually take a nap of ten or fifteen minutes immediately before dinner whenever this is possible. This habit I have considered my main safe-guard against exhaustion and illness for the last twenty-five years. I have also been absent from the city on a vacation at least one month in a year. Yet with these precautions, even, I felt assured that I had made two very narrow escapes, when forty-three to forty-four years of age, and again at fifty-eight."

* Dr. Crosby died at forty-five years of age.

Wednesday, the 23d ult., Dr. Chas. Shepard, of Grand Rapids, Mich., performed his ninth operation for ovariotomy, at Pierson. The patient, Mrs. ———, aged thirty-three years, had, when eighteen years of age, first noticed a tumor in the left inguinal region, which continued to increase in size during the next four years, when the same was tapped several times, and at last removed by Dr. Lowe, Pulaski, N. Y., tumor and contents weighing 48 lbs. Two years subsequent to this operation she married, and bore two children in successive pregnancies; since then she has menstruated regularly. About a year ago she noticed a swelling on the opposite side, which in its earlier stage was variously diagnosed. Its true character was recognized by Dr. Shepard, and an operation recommended. The sac was found to be without adhesion, to be of multiple character, one large cyst occupying the greater portion of the tumor, its base, however, containing some firm nodules and others cysted in character. Also a small cystic projection from the large principal one, the pedicle was very short and somewhat broad. The inner surface of the large cyst had some peculiar intersecting bands of tissue, giving much the appearance of an attachment of fibrous tissue stretched and somewhat interlaced forming pockets. The whole tumor and contents weighed 28 pounds. The pedicle was secured by silk ligatures which were brought out through the wound of the integment. The pedicle of the former operation presented nothing very remarkable; some few bands of tissue connected it with the peritoneum, but none were adherent to this later tumor.

The patient bore the operation well and bids fair to make a good recovery. A. H.

From the annual report (1877) of President Elliott, of Harvard College, we extract the following reference to the medical school: "The example which this school set in 1871 in reforming the plan upon which medical education had been given in this country has now been followed in part by two other prominent schools—the medical school of the University of Pennsylvania and the medical school of the University of Michigan. The Pennsylvania school has not lengthened its term or increased its tuition fee, but has adopted the other features of the Harvard plan. The Michigan school has lengthened its term to nine months but demands only two terms' attendance. The action of those two

schools, though not thorough-going, foretells the speedy downfall of the old system of medical education. The schools connected with universities will abandon it first; and the schools which are commercial ventures will do likewise, when public opinion has so made itself felt on this subject that it will discredit a physician or surgeon to be connected with a school which admits to the profession rude, ignorant and unskilled men."

In this connection we may add that Harvard began last summer the examination for admission which has now been three years in operation at our university. There were forty-two candidates, eight of whom were rejected and seven were conditioned. The University of Michigan has approached the reform in medical education with great caution. The preparatory examination and the term extension are now fixed, and we doubt not, and hope, that very soon she will demand, like Harvard and the University of Pennsylvania, attendance upon three years of lectures.

PARAGRAPHS.

"Artichokes are good for rheumatism, and hearty jokes are good for dyspepsia."—*The Doctor.*

Prof. A. B. Prescott, of the University, has an interesting and instructive paper in the February number of the *Popular Science Monthly* on "The Chemistry of Fruit-Ripening."

The *Centralblatt für praktische Augenheilkunde*, of Leipzig, contains a notice of a case of corneal-abscess (*hornhaut-abscess*) reported by Dr. Eugene Smith, of this city.

A new quarterly journal of mental diseases is announced in London under the significant title of *Brain*. Its editorial corps will consist of Drs. J. C. Bucknill, Crichton Browne, Hughlings Jackson, and Ferrier—all names eminent in the department of psychological medicine.

A bill has been introduced to Congress to restore Dr. Wm. A Hammond to the army, from which he was retired by court martial, and to place him on the retired list. The profession of the whole country will endorse this movement, for whatever may have been urged against him no one will accuse Dr. Hammond of any intentional wrong-doing.

The following decision has been affirmed by the Supreme Court of Alabama: A physician, like any other person, may be called to testify as an expert in a judicial investigation, whether it be of a civil or criminal nature, without being paid for his testimony as for a professional opinion, and upon refusal to testify is punishable as for a contempt.

In demonstrating the so-called "automatic action" of the heart, at the Physiological Laboratory of the University of Michigan, Dr. Stowell removed the heart of a cat and subdivided it until he held, on the point of his scalpel, its $\frac{1}{128}$ part, which beat faintly but very distinctly when irritated with the point of a needle. This is no uncommon occurrence in cold-blooded animals, but is rare in the case of a warm-blooded animal like the cat. The doctor has also a dog at his laboratory which has carried a permanent gastric fistula for over two months.

Prof. Haughton, of Dublin, recently gave the result of experiments undertaken by him to determine the most comfortable mode of hanging. He decides in favor of a long drop as contrasted with the short drop. Take a rope of sufficient elasticity, place the knot under the chin with running noose, drop ten feet, and we are assured that the coil shuffles off with the least possible pain. There is no harm in knowing how the thing should be done, anyway.

"Something like a medical student," was the unique description which the reporter of a police court recently gave of a young scapegrace who was hauled before the authorities for disorderly conduct. Medical students have enough sins of their own to answer for, but we were not hitherto aware that there was anything typical in their offences or demeanor. There is a severe satisfaction, however, in introducing a new term into either medical or legal phraseology, and the reporter must have chuckled with delight at the prospect of handing down to posterity so sonorous a phrase.

"Let more be taught in the laboratories and at the bedside, and less in the lecture room. Let students be made to work and observe as well; incite them to personal investigation rather than send them forth with brains teeming with multiform theories and a mass of crude material poured into them from the rostrum of the lecture room." Prof. T. G. Thomas, M. D., Anniversary Discourse New York Academy of Medicine, Nov. 15, 1877.

The way they do it in France.—The following has become a law in that Republic: Every person who may be condemned by the police twice for the crime of open drunkenness will be held incapable of voting, of elective elegibility, and of being named for the jury or any public office.

We learn with sincere regret that Dr. Van Dusen, the able Superintendent of the Michigan Insane Asylum, at Kalamazoo, has been compelled from ill health to resign from the charge of that institution. This took place at a meeting of the Board of Trustees held on the 16th ult. Dr. Van Dusen will remain till March 1, when Dr. Palmer, at present First Assistant, will take his place. Dr. Van Dusen has given the Assylum a reputation second to that of none in the country, and we bespeak for him in his retirement the best wishes of the profession for the recovery of his health and the enjoyment of his family. The Doctor could not have saved much for his family from a salary of $3,000, but we learn his estimable wife has *quantum sufficit* for all. Dr. Palmer has been assistant for twelve years. and under the new arrangement of the Board in financial matters, will be relieved in his new station of much embarrassing responsibility. We wish him all the success which attended his able predecessor. We learn his election was unanimous by the Board of Trustees.

The *American Journal of Medical Sciences*, with its October number, reached the very respectable age of fifty years, which leads the *Boston Medical and Surgical Journal* to say something about the "survival of the fittest"—a remark that has such a familiar sound that we think we must have heard it on some other occasion. But, soberly, the event is one well worth noticing, and we congratulate our venerable cotemporary, not alone on its half century of life, but still more on the proud position it has reached in medical literature and the elevating influence it has so long exerted on the profession in this country. It is a remarkable fact that during the entire existence of this journal its editorial control has been unchanged. Long may Dr. Hays yet be spared to continue the work which has been productive of so much good.

From a series of experiments on milk with an ordinary battery and a small Ruhmkorff coil, Dr. Malvern Iles, of Baltimore, concludes that the converting of oxygen gas into ozone during a thunder storm is the cause of the rapid souring of milk at such times. The acidity is due to the formation of lactic acid, and possibly, also, some acetic acid, by means of ozone, one or both of these acids causing the casein to be precipitated.

"He has been called to another state, a state for which he was not unprepared, for he was very useful to the poor." A fitting epitaph for the tombstone of many toilers in the ranks.

CORRESPONDENCE.

Ann Arbor, January 23d, 1878.

Editor Mich. Med. News.

Sir:—Will you please insert the following reply to Prof. Maclean in your next issue, or as soon as convenient for you to do so.

With the paper as a whole, we have nothing to do, as it is a full and complete account, but with the opening statement, that this was the first case entered in the Hospital in spite of *every facility* offered us. Does the Professor remember that within half an hour after my patient was put to bed, he *personally visited him*, and urged him to abandon me and come to his clinic, when he would send him home a well man in two weeks, notwithstanding he knew nothing of the nature of the case? Does he forget that he wrote to the same effect to the patient after his return home? Does he forget that a case of stone in the bladder reported at the Hospital for me, and was next heard of at his clinic (as the patient's friends say, through Dr. M's personal solicitation), and was never heard of by me until after his return home? Surely he must be writing ironically; for who *would* send patients there with such an experience?

My clinic, now numbering thirty-eight cases, has presented quite a variety of surgical affections, and some capital operations, but we have been forced to board our patients at private houses to avoid this unprofessional and shameful personal solicitation from the gentleman who *may* be my superior (?) in "scientific" surgery, but who acts as though he was very far from being convinced of that fact himself.

Suffice it to say here, that my operation was preliminary, and revealed to me what Dr. M. was weeks in discovering. He was dismissed temporarily, and was next heard of as the Doctor has shown. Let me congratulate the Professor on his success which, however, is *not* assured. Dare he say it would not have been mine on my *third* trial? The Doctor is carrying on a one-sided war, and to cut the matter short, will he honor me to entertain the following proposition? I will stake my ability as a teacher against his: the question to be settled by any examination of our respective senior classes that he may desire, by medical men outside of our colleges. I have never, and shall never, attack Dr. M's reputation nor skill, as the world deems that a very ignoble and contemptible method of carrying on war, but when he pledges himself to abstain from interference with my patients, I will put them in *his* hospital, and let all interested parties compare treatment and results. Objection to such a fair test of rela-

tive skill certainly argues want of confidence in the result.

Finally, my "scientific" friend, look over your Code of Ethics, and see what the profession thinks of tampering with patients of others, even though the "other" should be less scientific (?) than yourself. When you have learned this lesson, you may find time to teach *surgery* now and then, and allow the undersigned to occupy less of your attention in the lecture room. Believe me, Doctor, your class will learn more surgery if you adopt such a course. J. G. GILCHRIST.

SELECTIONS.

THE TREATMENT OF DIPHTHERIA.—Dr. C. E. Billington, physician to the Demilt Dispensary, New York City, publishes in the *Medical Record* of Jan. 12, a summary of a treatment of diphtheria from which he has obtained admirable results. As this disease is now prevailing in several places in this State we feel that we cannot do a better service to our readers than by presenting an abstract of the paper alluded to. Simple as the method is, the Dr. states that it is the result of many anxious trials of various agents, in different combinations and through alternate success and failure covering an experience of several years.

FORMULA No. 1.—*Iron and Glycerine Mixture.*

℞. Tinct. ferri chloridi.....fl. ʒ i–ʒ iss.
Glycerinæ,
Aquæ,.....āā fl. ℥ i. M.

No. 2.—*Chlorate of Potash Mixture.*

℞. Potassæ chloratis..... ʒ ss–ʒ j.
Glycerinæ.....fl. ℥ ss.
Aquæ calcis.....fl. ℥ ijss. M.

The weaker strength indicated in each mixture is the one usually employed. Formerly the doctor used for a time in the place of No 2 a combination of salicylic acid twenty gr.; sulphite of soda, one drachm; glycerine, half ounce, and water two and a half ounces. But as this is less pleasant and probably no more efficacious than mixture No. 2, he has discontinued its use.

No. 3.—*Spray Mixture.*

℞. Acidi carbolici..... ♏xv.
Aquæ calcis.....fl. ℥ vi. M.

This is to be used with a small hand atomizer, which is preferable to the steam apparatus. Codman & Shurtleff's (Boston) No. 56 is most convenient, but on a pinch, we presume, any of the toilet atomizers that will throw a good spray may be used. The mixture is more pleasant and less irritating than the complex and stronger ones which have been latterly so much employed. Its utility in laryngeal complications is unquestioned, and anyone can test the pleasantness of it by throwing the spray into his own mouth or throat.

Rules for Treatment.—I. Give a teaspoonful of No. 1 and No. 2 alternately *every half hour*, except at night, when the patient may be allowed to sleep for an hour or two at a time.

II. Spray the throat with No. 3 for several minutes at a time whenever the above mixtures are given—that is, *every half hour.* The nurse should be carefully instructed how to do this. The mouth must be opened widely, and when a child is too young to do this, spraying must be omitted.

III. When there is nasal implication, the nose should be thoroughly syringed out with warm salt water once, twice or three times daily. No other agent need be used. The physician should as a rule perform the operation himself, doing it carefully and thoroughly, selecting a syringe (the two-ounce hard rubber ear syringe is well fitted for the work) which has a suitable nozzle.

IV. Do not (as a rule) apply any brush or swab to the throat. Sometimes a drachm of No. 1 is thrown by means of the syringe directly against the affected surface in the throat.

V. Do not (as a rule) give any quinine or other unpleasant medicine to children. This is a rule of great practical importance.

VI. Do not (as a rule) give alcoholic stimulants Call this rank heresy—as the majority will—it is none the less true, that success will be greater without than with them. There are, of course, occasional exceptions. They are cases where a child cannot be induced to take other nourishment, and yet will take weak milk punch or egg-nog.

VII. Nourish the patient with an abundance of cold milk, given frequently, to which a little lime-water may often advantageously be added. This rule is imperative. Even a bad case may be regarded as favorable so long as the patient continues to take nourishment well. When the stage of exhaustion has been reached in bad cases, the juice squeezed from beefsteak [rarely cooked by broiling we prefer—ED.] is a valuable addition to the bill of fare.

Simple as this method seems, its successful application in severe or protracted cases requires skill, tact, energy and perseverance, and it is not right for one who may fail at first in employing the method to hasten to declare that it is of no value. The Doctor protests against adopting a part of the methods as an adjunct to a treatment by

quinine, alcohol, or topical applications by sponges or brushes, and says that those who do this are the very ones who will be apt to pronounce the treatment a failure.

The results of this method in 124 cases treated during the year 1875 were viz: 94 recovered and 30 died—a mortality of just about one-quarter. These cases all occurred in the northern district of the dispensary, a portion of the city which gave a larger mortality from the disease than any other ward or section. The death rate is declared to be fifteen per cent less than the average of the genuine cases of diphtheria treated in that district; but even this gives no adequate idea of the actual results of the treatment, as appears from the following statements:

"Of the 124 cases, 22 passed under the care of other physicians, in most instances after a single visit only, and in some, without the medicine I prescribed having been procured, leaving 102 that continued under my treatment." Of these 88 recovered and 14 died.

"Of the 22 who passed under the treatment of others, 6 recovered and 16 died. The extreme badness of these latter results is partly to be accounted for by the fact that some of them were hopeless, and others severe cases, for which, on account of my unfavorable prognosis, other medical aid was called in."

"This is not, however, true of all; fully half of them having been by no means bad when I saw them. Some of them left my care from dissatisfaction at my not using topical applications. The results in such cases, as I have since learned, were particularly bad."

"Of the 14 who died under my care, one was moribund when first seen, surviving only two hours; one was already a hopeless case of laryngeal croup; two others were hopeless cases from extensive membranous affection and marked indications of blood-poisoning. Deducting these, leaves ten deaths out of 98 cases in which the treatment was tested with some degree of fairness, or a little over ten per cent."

In the year 1876 the Doctor treated 37 cases, of which 29 occurred during January to April inclusive, after which time the epidemic suddenly abated. Of the 37 cases, three passed after a single visit into other hands, with results not known. Of the remaining 34 cases 5 died and 29 recovered. Of the 5 that died, one was moribund when first seen, and a second which was severe but not hopeless was found moribund on the second day—the parents acknowledging that none of the remedies had been used, as an old woman had told them that the spray would injure the child's eyes! Deducting these two cases in which treatment was not employed, the deaths are 3 out of 32, or again a mortality of a little less than ten per cent.

Appended to this interesting record is a report of a single case of a severe type, and also the testimony of several physicians who have employed this method of treatment in their practice. The results obtained are quite in accord with our own observation, that any treatment in diphtheria of a perturbing nature is injurious. On the one point, of the disuse of quinine, exception will be taken by many, but we doubt whether more fortunate results will be attained under any plan in genuine diphtheria—by which we do not mean the simple cases of exudative follicular pharyngitis and tonsillitis which too often and carelessly are designated as diphtheria, and by the inclusion of which such marvelous successes are claimed. These cases will do well under almost any non-perturbing plan of treatment, with or without medication proper, as the results attained under pure homœopathic practice will attest.

Treatment of Mastitis.—Keep the breast emptied as thoroughly as possible, administer laxatives and support, without compressing, the breast by means of bandages. But *the main point* of treatment is *the application of cold*, which in light cases consists merely in iced compresses, but in severer cases in the unremitting application of a bladder filled with ice. The pain which compression increases soon yields to this treatment, the tension decreases, suppuration is prevented, and in a few days even mastitis may be cut short in this manner. During two years of this treatment, not one case of mastitis terminated in suppuration, while with compression it frequently occurred.—*American Journal of Obstetrics.*

Treatment of Chorea.—Prof. H. C. Wood, Jr., M. D., suggests as a new remedy for chorea the saturated tincture of the rhizoma of the common skunk cabbage, *dracontium fœtidum.* It must be made from the fresh roots in the fall of the year and before drying. Sixty to ninety drops are given three times daily. The basic treatment of chorea always is tonic. Fowler's solution is highly approved of, but it must not be used at the same time with dialyzed iron. The bromide of iron, so highly lauded by Dr. Costa, Dr. Wood declares is worse than useless. Cimicifuga and bromide of potassium are also commended.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, FEBRUARY 25, 1878. No. 3.

EDITORIAL.

CAUSES OF FAILURE IN MEDICAL JOURNALISM.

Why have medical journals heretofore been a failure in Michigan? And the question might be asked and similarly answered in other States. Several causes of failure might be enumerated, one of which is, because they have been "organs," either of medical colleges, medical societies or individuals, with objects ulterior to the advancement of medical science.

The *Peninsular Journal of Medicine* was originally the organ of the medical department of the University and of the first State Medical Society, organized under the voluntary system. The *Medical Independent* was founded by Dr. Goodby and was conducted and supported by his friends purely to spite the *Peninsular*, because it would not accord him certain privileges. It succeeded in crippling its enemy, but it could not survive its victory, and the two were forced to combine. The combination failed because it pleased the supporters of neither of the principals. The *Review of Medicine and Pharmacy* was launched with good prospects, but the fact soon leaked out that it was an organ and this proved the incubus which weighed it down. The *University Medical Journal* was started by the professors of the medical department of the University, and this fact attached to it the suspicion that it was their organ, and in natural sequence it succumbed. The *Peninsular Journal* was revived as the successor of the *University Medical Journal*, and though it manfully struggled through four years against its fate, the suspicion that it was resurrected to carry out the mission of its predecessor proved its discomfiture. The union of the *Peninsular* and the *Review* to form the *Detroit Medical Journal* was consummated with much promise, but soon it was found that a certain portion of the profession, who had read the past to no purpose, manœuvered to secure control of it and New Years of 1878, therefore, found Michigan without a medical journal.

Another cause of failure has been the character of the journals themselves in so far as they have emulated the make-up of their heavier metropolitan confreres The articles have been too long and in many cases based upon insufficient data. The reports of cases or society meetings have not been reliable from the fact that, although the operations may have been, surgically speaking, successful, the results if unfavorable do not see the light in a succeeding report. Again, nearly if not all the profession take a journal from one of the larger cities as New York, Boston, Phila delphia, Chicago and Louisville.

Experience is a hard taskmaster, but if the lesson taught by failure be well learned it will not be learned in vain. Medical journalism of the past has taught its lesson for the future and now demands a "new departure." The practising physician whose time is fully occupied cannot sit down to the reading of long and digestive articles on theoretical questions, but it is necessary that he be posted in all the new and practical matters of his profession. He wants his news fresh and served up in such a manner as makes it easily digested and utilized in his daily practice. This desideratum we have endeavored to supply in the MICHIGAN MEDICAL NEWS. Our object, as must already be apparent, is to give our readers the *crême de la crême* of all professional intelligence that may be gleaned from other journals or gathered by the profession and contributed to its columns. We ask the profession to aid us in the enterprise by sending us *short true reports* of cases and diseases in their respective locations. As the NEWS is not an "*organ*" it will be open to all—the editors reserving the right, in their judgment to condense if the article be too long, and to strike out sentences too personal in character, when this can be done

without impairing the value of the article. We believe that in Michigan medical journalism we have hit the happy medium in the issue of the NEWS. So do we believe that the medical profession will so appreciate our efforts as to demand at no distant day our weekly appearance on their tables. W. B.

We would respectfully request, from our readers, communications of a similar nature to those appearing in our present issue. It is a mistake to suppose that an article is valuable in proportion to its length and the erudition it displays. We want for the NEWS what is most serviceable to its readers and that will prove to be the recorded experiences of physicians engaged in active practice in their several localities. We do not ask for, or want, prosy articles, and as a rule articles are prosy as they are long. Give us short, crisp notes of cases occurring in actual experience, and let us have them in the least formal shape possible, and thus assist us to realize the object for which the NEWS was established.

The following have remitted since our last issue:

L. G. North, A. Kaiser, Joseph Schulte, A. W. Roth, Wm. Brown, S. W. Haddon, J. W. Badger, Mina A. Baker, J. B. Brook, A. Borrowman, G. R. Richards, W. C. Gustin, L. Davenport, J. H. Beech, J. L. Conant, Wm. Hyser, C. G. Robertson, Wm. F. Kier, H. M. Kier, G. B. Ayers, A. L. Blanchard, Miss P. Brooks, Truman Chittenden, P. J. Fullerton, Horace R. Hitchcock, L. M. Hull, J. S. Herries, P. H. Keefe, Miss Eliza Mitchell, F. P. Sheldon, M. W. Taylor, Miss A. Williams, A. R. Ingram, A. W. Nicholson, Geo. Chapman, H. P. Miller, H. Peters, Geo. Pray, L. & D. S. Clark, J. C. Lampman, M. Cooper, R. T. Reynolds, L. R. Chaddock, J. W. Bailey, C. E. & J. S. Koon, Haze & Sigler, Tyler Hull, Alex. Ewing, S. F. Snow, I. G. Millspaugh, T. W. Richmond, H. H. Cook, T. S. Floyd, S. B. Davis, J. F. Gabriel, E. W. Harvey, A. F. Randall, Jas. J .Lyon, Wm. McKee. H. M. Bennett, L. H. Hulburd, J. J. Lawless, C. L. Gregory, J. Tripp, J. A. Octerlony, A. M. Maclean, L. D. Knowles, I. P. Cowden, J. B. Laing, H. V. Wildman, F. H. McDonald, Adelaide Lewitt, W. E. Burtless, —— Cocker, Pengra & Campbell, Perrin & Bowes, C. V. Tyler, Henry Cowie, L. M. Arnold, R. A. Jamieson, A. J. B. Jeuner, F. W. Hoggner, C. Ewers, J. H. Andrews, F. X. Spranger, J. H. Carstens, B. H. Fairchild, —— Hollywood, H. M. G. Wilson, —— Hacker & Co., C. Glazier, E. P. Christian, B. D. Bradfield, W. R. Smith. N. B. Hewett, J. W. Heath, L. O. Senghas. H. Hammond, W. B. Southard, O. C. Williams, R. G. Healy, H. Mannhardt, J. Andrews, C. G. Criuckshank, C. C. Dellenbaugh, P. L. Goldborough, M. J. Walker,, E. H. Van Deusen. Robert Johnson, R. D. Glasgow. Jas. A. Randall, J. E. Bowers.

NOTE.—Of the 2000 specimen copies of our first number, which we sent, a few (not over a dozen) have been returned—these, in the majority of cases, have been accompanied by no mark by which we are able to learn from whom they came. Parties, in future, will please send their names with such returned copies.

We have also received several subscriptions unaccompanied by the senders' names. This of course is the result of carelessness, and any who have thus remitted and have not received the NEWS in return, will not hold us accountable.

The mechanical arrangements connected with our publication are now in regular working order and our readers may confidently expect the issue of the NEWS promptly on the 10th and 25th of each month unless either of these days should fall on Sunday, in which case it will appear on the preceding Saturday.

ORIGINAL ARTICLES.

UNIVERSITY CLINIQUE.

[CONTINUED.]

PENETRATING WOUNDS OF THE EYE in the University Clinique. Cases reported by A. M. REID, Clerk of Ophthalmic Clinique.

CASE 2. G. B. L., aged 26, from Antrim, Mich., entered hospital Dec. 5th, 1877, and presented to the class at the next clinique. He gave the following history: Was accidently shot in the right eye, a week ago yesterday, by his comrade while out hunting. One small shot struck and entered his eye. The sight left the eye immediately and has had no vision in it since. Has had some dull heavy pain but not severe and only at times. Had more pain last night than he has had yet. The other eye is but very little, if any more sensitive to light than usual. Examination shows where some foreign body has struck and entered the cornea near its outer edge. The eye ball is injected and red. The lens presents a slight degree of haziness. Patient recommended to remain in the hospital and await further developments. Prof. Frothingham remarked that in a case like the present, enucleation would be unwarranted. There was no great pain and as yet no evidence of any sympathetic disturbance of the other eye. Though the injured eye was now blind, it was in the range of possibilities that some degree of vision might be restored to it. There was no evidence that the shot passed through the lens, the very slight haziness being no more than might result from inflammation in other parts. The inflamed condition of the cornea and other parts of the eye prevented any opthalmoscopic examination to determine the course of the foreign body, which might be in the eye ball or passed completely through. In either case the present symptoms were not sufficiently severe to justify enucleation. The only other course was to combat the inflammatory symp-

toms by completely shading the sound eye from the light, forbidding all exposure to extremes of heat or cold, or exercise other than slowly walking about the wards of the hospital, cold compresses to be applied to the injured eye, atropine used to dilate pupil and leeches applied to temples if necessary. In a case that came to our clinique last year, where a full charge of shot struck the patient in the face, completely blinding both eyes, ultimately sight was restored sufficiently to enable the patient to perform ordinary labor. The blindness in that case was at first complete, the patient declaring that at first he could not distinguish light from darkness. He was blind as this man for more than a week, and yet recovered useful vision. In his case the shot probably passed completely through the eye. It may have done so in this. At any rate enucleation is not to be performed until after prolonged or severe inflammation or serious sympathetic disturbance of the other eye. Patient recommended to remain at hospital and have attention and treatment as recommended. He says he is not prepared to stay, but will follow the directions given and have his *local* doctor carry out the treatment prescribed. Patient then left the hospital, promising to return immediately should any symptoms occur requiring enucleation. He has not since been heard from.

Case 3. E. B. McC., aged 14, Ypsilanti, Mich. Attending clinique Oct. 6, 1877. Was cutting a rope with a jack knife eighteen months ago, when the knife slipped and penetrated the eye through the cornea, near the central part, wounding the lense and leading to its absorbtion. The capsule is opaque and stretched across pupil, obscuring vision. Adjusted to upper part of pupil there is a small filament three-fourths of a line long and projecting into anterior chamber, seeming to be a projection from pupillary margin of iris, but which on dilating the pupil proves to be a foreign body, having one extremity engaged in the opaque capsule—evidently a piece of fibre of the rope carried in upon the edge of the knife and implanted in the lens. No irritation ever resulted—the other eye being perfect. Patient advised to have no operation at present unless symptoms of irritation should supervene, in which case to apply *immediately* for aid. The cut in the cornea is healed with mere trace of cicatrix. The patient to return soon for an operation for restoring vision.

OBSERVATIONS ON THE CONTAGION AND THERMOMETRY OF TYPHOID FEVER.

By C. E. KOON, M. D.

In September 1876 Libby B. came home from Indiana from nursing in a family sick with typhoid fever, and immediately fell sick with a well marked and severe type of the disease. There were delirium, diarrhœa, the "rose spots," a "typhoid temperature," etc., which terminated suddenly by crisis on the 22d day. This was the first case ever occurring in the neighborhood. Four other cases occurred consecutively in the family. In the following spring the mother had *typhoid* pneumonia and died. The farm was rented by another family, named White, and in August they began to sicken and gave me three cases. The man's sister and husband visited them and returned home, four miles distant, where they both had the fever together with their hired man, who died. A brother of this man came to see him, went home 24 miles distant and came down with fever. White then moved away some 20 miles where his wife, her mother and their nurse had the fever, the latter dying in fourth week. Before moving they where visited by Mr. G., living two miles distant, who carried the fever to his family, where his wife, daughter and grand-daughter had it, the last two dying. Mr. P., a neighbor, called to see the sick and had a six weeks' doctor bill to pay in consequence. The poison was also carried to Mr. Stinson's, another neighbor, from whence five other cases developed. Thus from a single focal point I trace 23 unequivocal cases of typhoid fever. This much for contagion.

One case presented some unique and interesting symptoms, to wit: Obstinate constipation during first eight days; temperature fell to 101 on fourth day; on eight day reached 105½. Diarrhœa appeared on tenth day. The original coating on tongue persisted through the disease. Temperature came down to 99° on three occasions.

Duration of fever 49 days; patient confined to bed 13 weeks.

One case terminated in death on eight day from cerebro-spinal inflammation. Two cases were *under three years*, one of which died on 14th day from pneumonic complication.

Two cases *were over* 50, one of which died from perforation of ileum after convalescence was established.

Hemorrhage from bowels occurred in six cases, with marked lowering of temperature.

In three cases temperature reached 104° on second day.

One case, where temperature was 106°, pulse did not go above 90. A high temperature and *slow* pulse was noticed in those cases where head symptoms were grave.

In one case temperature under tongue was persistently 2° higher than in axilla. In another case the converse was noticed.

In case of a child, 3½ years old, convalescence was established by 10th day.

My conclusions, briefly, are these: Pure typhoid fever is contagious and never arises spontaneously. Filth is never the parent, but often the nurse of typhoid fever. There is a latent predisposition in families to the disease. Cases *do* occur with temperature of 104° + 5° on second day. Temperature may fall to 99° before eleventh day, rising up again to run on indefinitely. Fever may terminate with children before the eleventh day. Uncomplicated cases are little influenced by treatment and, as a rule, it is best to treat the patient and not interfere with the curative efforts of nature by useless dosing.

Casnovia, Mich.

BERBERIS AQUIFOLIUM IN PSORIASIS DIFFUSA.

By Dr. T. N. Reynolds, Detroit.

In October last a Mr. Hall, native of London, England, aged about thirty, and body well nourished, presented himself to me with typical psoriasis diffusa involving the entire integument excepting that of parts of the face, hands and feet. It was his second attack and had then troubled him three or four months, growing gradually worse in that time.

During his first attack some few years ago, being unsuccessful with any treatment in Canada where he then lived, he went to London, England; and under the treatment of Balmanno Squire, surgeon to the British hospital for diseases of the skin, which he says consisted of baths and ointments and internal treatment, the composition of which he does not very well remember, he pretty soon got well, and so remained till the present recurrence.

After calling on me in October last, and pending his efforts to get into some hospital where he could avail himself of what I supposed to be necessary, baths and treatment, he met with Mr. Higgins of this city, and was induced by him to try berberis aquifolium, which he did in teaspoonful doses of the tincture four times a day.

Improving remarkably in a short time he and Mr. Higgins called at my office and wished me, if I felt any interest in it, to superintend the treatment and watch the progress.

Struck with so much change without any external macerations or anointings, I was glad to watch it still further.

Soon after commencing the treatment he frequently felt a warm tingling sensation in the skin; and while exfoliation of scales went on, the production of them gradually ceased. The psoriatic patches left the trunk first, the head next, and next the arms. There are a few scales yet in front of the knees; but excepting those he is entirely well. The red discoloration which remained for some time on the trunk has lately entirely disappeared.

I have allowed myself to report the case not from any special interest that the affection possessed; but from its disappearance during the administration of this medicine. I exercised particular care on every hand to ascertain if any other medication was had, and believe it to be the only remedy used. The patient has also told me from time to time that he had made no change in diet or any of his habits of life. He says the medicine may have increased the action of the bowels somewhat, but not very perceptibly. In conjecturing as to its *modus operandi* I have thought sometimes that it may act somewhat upon the bowels and other emunctories, and from its bitter principle, as a tonic; and in that way correct defective elimination and malassimilation upon which this affection with many others may probably enough depend.

Lafayette Avenue.

TREATMENT OF DIPHTHERIA.

By C. C. Yemans, M. D., Detroit.

Allow me to call attention to Dr. Billington's timely article "Treatment of Diphtheria"—page 23 of the last News. Tr. ferri muriatis has been for a long time used in pharyngeal affections, but more especially for cases of anæmia or blood poisoning, which conditions certainly are present in advanced cases of diphtheria. Potass. chloratis has become a useful adjuvant and alone answers many indications. Glycerine is a very pleasant menstruum for prescriptions in which iron is exhibited. That Dr. B's treatment gives good results I have no doubt. Possibly diphtheria has become modified of late as typhoid fever certainly has. I believe diphtheria to be a local disease only at its initiation, contagious and parasitic. Acting in accord with this theory I have treated my later cases with the following:

℞. Sulphur,
Alum,.....āā 3 j
Soda sulpho carbol.....3 ss.
M. Ft. Pulv.

I see by my record that I have so treated the last seven cases. Of these I lost the first because, as I think, I did not see it early enough. I use a straight hard rubber insufflator, blowing the powder well over the fauces every hour and *via* narium if indicated. This treatment has the following in its favor: It is easy of application, especially in infants. The remedy dissolves the soluble part slow-

ly, and continues the local effect. It can also be applied while patient sleeps. Logic of success: I believe in spray, but no *swab* should be used.

224 Cass Avenue.

BOOK NOTICES.

MALARIA AND STRUMA IN THEIR RELATIONS TO THE ETIOLOGY IN SKIN DISEASES. By L. P. YANDELL, M. D., of LOUISVILLE, KY.

This was a paper read before the American Dermatological Society at Niagara Falls, Sept. 1877. The doctor sets out with the acknowledgement "that although the opinions held by him, are already mostly known to the members of the association, yet as far as his knowledge extends, are shared by none." He bases his etiological doctrines on the result of clinical observations and experience, not on theories and speculation. Excluding the exanthemata and also parasitic diseases, he holds that in malaria we find the chief source of acute skin diseases, and in scrofula of the chronic; and the most inveterate examples of either class are due to a co-existence of the two causes. The specific exanthemata, he contends, are often largely influenced in their progress and termination by the presence of malaria and struma.

The doctor bases the truth of his views on the results of treatment, that the diseases of the skin are more certainly and quickly cured by anti-strumous remedies on the one hand and the anti-malarial on the other. These views, he claims, are not confined to skin diseases alone, but apply to gynecology, otology, ophthalmias, diarrhœas, dysenteries, etc., etc. The pamphlet is a decided departure from the nosology nomenclature of dermatological diseases, and if practically proved correct, must work a great change in their treatment. The idea, however, is novel and although we recognize in our own own personal observation the results of similar treatment in the management of dermal diseases, yet we cannot fully embrace the new theory to the entire discomfiture of the old. Time must be the arbitrator. W. B.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By ROBERT FARQUHARSON, M. D. Edind., F. R. C. P. Lond. Lecturer on Materia Medica at St. Mary's Hospital Medical School, etc. Enlarged and adapted to the U. S. Pharmacopœia by FRANK WOODBURY, M. D., pp. 410, 12mo. Philadelphia: HENRY C. LEA.

It would seem that the many valuable treatises on this subject, which have appeared within a few years, had left little or no room for another at this time. A perusal of this little work, however, will convince any one that it fits right in to a place which was unoccupied. The student or recent graduate will particularly appreciate this fact. He has his mind stored with much which he finds it difficult to utilize, and he yearns for some sort of an aid to this end; and we know of no work calculated more effectively to satisfy this yearning. In it all pharmacy is omitted and only the physiological and therapeutical uses of the remedies treated of are discussed. The arrangement of the matter is very ingenious. It is printed in two parallel columns and in corresponding paragraphs; in one column the physiological action of the remedy is discussed, and in the other its therapeutical, thus the two may be compared without being obliged to forage through the whole book, as is the case with many other works. The practitioner who graduated before the physiological action of drugs was taught in our colleges, as it is now, will readily appreciate this arrangement. The book contains many admirable formulæ, many of which are useful in that they specify palatable excipients for some of our most disagreeable drugs.

The fact that the work is published by Lea is a sufficient guarantee of its mechanical excellence.

ART OF PROPAGATION.

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MISCELLANY.

In our issue of the 7th inst. we had only time to notice the death of Dr. Lunsford P. Yandell, of Louisville, Ky. Justice to his memory, his age, his acquirements in science and medicine, and his position not only in the medical world but in the community in which he lived, demands a more extended notice. Dr. Yandell died on the 4th inst. at the house of his son, Lunsford Pitts Jr., of an attack of pneumonia. Dr. Y. belonged to a family of doctors. His father, Dr. Wilson Yandell, of Tenn., two of his brothers and brother-in-law, and his three sons, all have achieved distinction in the profession of medicine. He was educated at the University of Maryland. At the age of 23 he was called to the chair of chemistry in the Transylvania University at Lexington, Ky., then in the heighth of its renown, with a faculty that numbered among its members such names as Dudley, Drake, Cook and Caldwell. By his intellectual strength and indomitable energy, coupled with a habit of systematic study, he won the cordial respect and confidence of his colleagues. In

1837, with Drs. Cook and Caldwell, he founded the University of Louisville.

There his reputation as a profound scientist, a ready and forcible writer, and a skillful physician became world-wide. Such men as Sir Charles Lyell, of London, E. de Verneuil, President of the Geological Society of France, and M. Roemer, of Germany, were among his guests. Our space will not permit, although our wishes dictate, a further recital of the status of this great man. As editor of the *Western Medical Journal* he gave it its wide reputation. He wrote many valuable papers on geological, medical and biographical subjects, which it is hoped may be collected and given to the world. He occupied prominent positions in all the medical societies to which he belonged, and wrote and read the address on American medical literature in the International Medical Congress at Philadelphia. A sincere christian, with a heart full of charity and love to his fellow-men, he has gone to meet his reward. W. B.

Advice to Medical Students.—From our cotemporary, the *Boston Medical and Surgical Journal*, we copy and commend most heartily the following, which was suggested by the opening of the year's course of students at the various medical schools.

"Many [schools] indeed, are forced by the exigencies of their situation to swerve from the general plan and hold their sessions at such a period of the year as will enable them most easily to obtain instructors of note. Such vagaries are, however, fortunately not numerous and only possible under the system which gives the equivalent of a year's work in a few months. We think it would be far more for the advantage of the student if humbler teachers were selected and more attention paid to the methods of teaching. Except, under the new system, habits of careful study are rarely inculcated, a fault which all who compare their own education with that of a recent graduate of one of our more progressive schools sorely regret. There is a kind of information which can be acquired nowhere but in the laboratory, recitation-room or dissecting-room, and in the early part of student life, which forms the basis of a modern medical education and which places those who have submitted to its drudgery in advance of students who frequent some celebrated clinic or follow in the footsteps of a popular teacher. We would earnestly advise beginners to enquire not where the great men and hospitals are to be found, but where that preparatory drill is to be obtained which fits a man to study and observe for himself. We would also advise a student to adhere as closely as circumstances will permit to one school throughout his course. The fashion of rushing from one school to another to skim the cream from each curriculum, leaves vast chasms unfilled by work, which if not as showy, is essential to completeness. Having systematically gone through a prescribed course of study the student may with advantage employ a fourth year in the more pleasing taste of suiting his fancy among the clinics of our great centres of education. Of these we have at least one whose clinical advantages rank favorably with those enjoyed by the schools of Paris and Germany. Indeed with our modern facilities for teaching a foreign tour however agreeable has not the excuse of necessity which it had only a few years ago, and we hope our young men will appreciate this fact and be content to avail themselves fully of the opportunities afforded them at home rather than substitute for them the prestige of a tour through European hospitals. It might be objected that such a plan as we have briefly sketched involves greater expenses than most of our students are able to incur; to which we would reply that he who would undertakeso responsible a calling should be provided with the means to secure a thorough education, or seek one more adapted to his situation in life.

Pruritus of the Vulva.—The distress from pruritus of the vulva and vagina, Dr. Gill asserts, can be promptly and permanently relieved by a solution of nitrate of aluminium in from five to seven parts by weight of distilled water. This affection is so rebellious to ordinary applications that anything which offers a hope of permanent relief will be gladly welcomed, though we are in duty bound to add, from a considerable experience with the disease, we are convinced it is a true neurosis, the local lesions being only exciting causes thereof. Hence it is that temporary relielf only comes from topical applications. One most obstinate case in our practice, which had resisted almost all the variety of washes recommended in the books, was relieved by a 60 grain solution of bi-sulphite of soda painted over the whole vaginal surface.

Buried Alive.—At Naples, recently, a woman was interred with the usual formalities under the belief that she was dead. Some days subsequently the grave was opened and it was found that the clothes of the subject were torn in pieces, and that she had even broken her limbs in the effort to extricate herself from her living tomb. The case was

made the occasion of a judicial investigation, and the court sentenced the physician who had signed the death certificate and the mayor of the city, who had authorized the interment, each to three months' imprisonment for "involuntary manslaughter." The case is not calculated to be very assuring to those who entertain a horror of being buried alive. The punishment of the mayor, it seems to us, is a gross misapplication of justice whatever it may have been in the case of the physician; for the former being a layman could not, with propriety, be held competent to determine the question, even if the law makes it his duty to personally examine the subject, and he could therefore only base his consent for burial on the written statement of the physician.

At the Samaritan Hospital, in London, Mr. Spencer Wells completed last month twenty years of service. During that time he has performed in the hospital 403 ovariotomies with this result:

	Cases.	Recoveries.	Deaths.
First five years	30	21	9
Second five years	82	61	21
Third five years	132	96	36
Fourth five years	159	126	33

Or, in another form, we may say in the first five years about one in three died; in the second and third five years about one in four died; in the fourth five years about one in five died; but during the last two years of the fourth quintuple period only about one in ten have died, thus showing, in his estimation (and justly, too, as we think), that increasing experience has been accompanied by diminishing mortality. These cases represent less than one-half of Mr. Wells' experience in ovariotomy. He now retires from active work at the hospital by reason of the increasing demands of private patients upon his time. At his operations Mr. Wells has visitors from all parts of the globe. He admits any qualified person, stipulating only that they shall not poison his patients, as he believed they occasionally used to do, and so he requires from them the signing of a declaration that they "have not been present at any *post mortem* examination nor any dissecting room, nor attended any case of infectious disease within the last seven days." He thinks this precaution has been one of the means of lessening the mortality.

A Wet Blanket.—The International Association (England) for the Total Suppression of Vivisection having made application to the Austrian government to institute enquiry into the conduct of the physiological laboratories and other places where vivisection was practiced, received from the Minister of Ecclesiastical Affairs and Education a reply which must have been something of a damper on the ardor of these would-be reformers. It says, most sensibly, "The firm conviction that no abuses in connection with experiments on living animals are taking place in the western half of the empire, over which alone my jurisdiction extends, and the apprehension lest restrictive governmental measures might perhaps mischievously interfere with the noblest efforts of medical investigators to elucidate pathology, have restrained me from setting on foot the suggested inquiry. I have, nevertheless, felt myself bound most strongly to impress upon the institutions concerned that, in the course of their scientific investigations they should allow every humane consideration as much weight as is compatible with the object of the investigation itself. I consider that I have hereby, without any injury to scientific interests, done my best to satisfy the claims of humanity." This is a straight-forward, common-sense view of the situation, and we commend it to the attention of any others who may be afflicted with a similar mission of reform.

PARAGRAPHS.

The whole number of students in attendance at the Harvard Medical School during the academic year ending June 1877, was 247. There were 82 candidates for the degree of M. D. Of these six withdrew their names, two failed to appear, and six were rejected. At the preliminary examination for admission to the course of 1877–78 there were 42 candidates. Of these eight were rejected and seven were conditioned. If all the colleges in the country would publish similar statistics we should soon learn where to look for the most thorough discipline and work.

The educated physician is the peer of any one; no one can be higher than he. So true is this that a well-known and talented physician of England, on his return from a visit to America, remarked in an address that while in the United States there is no class known as the nobility, and hence no real aristocracy, yet that the medical profession might justly be regarded as the true aristocracy of the Republic. (*Dr. W. B. Atkinson.*)

A twenty grain solution of chloral hydrate is recommended as an application for the painless removal of warts.

The Medico-Ethical Society, of London, are a very liberal lot. They advocate the admission of homœopaths to medical societies, and recommend that the question of consultation should be left to individual discretion and feeling. From the manner in which regular physicians have been hobnobbing with the infinitesimals in England within the last few years, we conclude that one or the other of the two classes must differ from its cotemporary in this country.

At Guy's Hospital, London, a remarkable filter—the invention of one Major Crease—has just been exhibited. It reduces strong tea and infusions of logwood to clear and tasteless water. There would seem, however, to be a mistake of a few centuries in the inventor's birth, for with a secretiveness worthy of the dark ages he refuses to disclose the nature of the filtering medium.

"Nearly all the salt used for domestic purposes passes out with the sewage and is inseparable from it; the proportion of salt (chloride of sodium) found in water is, therefore, a pretty accurate measure of the degree of contamination by sewage. Hence, says Prof. Lattimore, of Rochester, whenever the proportion of salt in well-water rises above a very few grains per gallon, contamination by sewage or house-drainage may be confidently asserted."—*Popular Science Monthly.*

At Sheffield, England, recently, a druggist was arraigned for selling spirits of nitrous ether of an impure quality. The Bench said they were bound to protect the public, and accordingly imposed a fine of $25 on the prisoner. What a merry time the Bench in this country would have if they undertook to protect the public against adulterations in drugs!

The physician often finds much difficulty in prescribing the proper remedy to eliminate the effete matters of the blood in the recovery of patients from continued fevers, inflammation, or congestion. For some time past we have used the Apollinaris water for that purpose, the patient drinking a bottle a day, with the greatest satisfaction. The patient likes it, and while at the same time slightly laxative it has a specific effect upon the kidneys, enabling them to perform their functions, hitherto held in abeyance, without irritation of their organism.

Billroth, the celebrated Vienna surgeon recently performed his hundredth ovariotomy. All the operations but one were done in Vienna, and no one of them was left uncompleted. Two-thirds of the patients recovered.

CORRESPONDENCE.

ANN ARBOR, February 8th, 1878.
EDITOR MICH. MED. NEWS.

The homeopathic professor of surgery, or the professor of homeopathic surgery, in this University being now deprived of every vestige of a defence or palliation of the imbecility and dishonesty of his treatment of Sheriff's case; also, the hollowness of his published reasons for hiding away his patients in private houses instead of giving them the benefit of the excellent hospital so generously provided for the purpose, being also most effectually exposed, I propose to abandon him to his own reflections. If the unhappy man has any friends left, I am sure that they, as well as the public, will thank me for giving him at parting the following hints for his further guidance, viz: first let him in all time coming remember the old adage about edged tools, and so *eschew operative surgery*, and lastly let him cultivate, *if possible, some little regard for common truth and honesty.*

DONALD MACLEAN.

This certifies that I, F. H. Sheriff, of Vermontville, County of Eaton and State of Michigan, presented myself at the Homœopathic College Clinic, University of Michigan, on the 17th day of October last for relief of urinary fistula, and obliteration of the urethra, caused by an injury three and a half years previously.

I was placed upon the operating table, on the same day, when Prof. Gilchrist passed an instrument into my urethra as far as the point of obliteration, and announced to the class that he had succeeded in passing it into the bladder—that all that was required was to close the fistula, to perfect a cure. I was then etherized and *operated* upon, which operation I found to consist in paring off some of the granulations about the fistulous opening and introducing a pledget of greased cotton into the fistula.

The next day Prof. Gilchrist visited me and attempted with three several instruments to reach my bladder through the urethra, but failed. He then assured me there was no help for me whatever, and that I might go home. He neither then nor at any other time desired me to return for further treatment.

Mr. J. Molby, of Hillsdale, came to me shortly after Prof. Gilchrist went out, and induced me to apply at the "regular" clinic. He did this by giving me a history of a similar injury sustained by himself, of which he had been cured by Prof. Maclean. Previous to my discharge by Prof. Gilchrist, no person had ever said a word to me or induced me in any way to apply to the "regular" clinic.

I returned home the following day, and on Nov. 20th came back to Ann Arbor and was taken before the class and operated upon by Prof. Maclean on the 24th, and again on the 16th day of December, the first operation proving a failure.

I am now able to pass my urine freely and wholly through the urethra ; the fistula is entirely healed and the wound caused by the operation nearly so. It gives me but little inconvenience.

I never received a written communication from Prof. Maclean nor from anyone else, inducing me to apply to the regular clinic.

Dated at Vermontville, Mich.. Febr. 11th, A. D. 1878. R. H. SHERIFF.

Sworn and subscribed to before me, a Notary Public in and for the County of Eaton, on this eleventh day of February, A.D. 1878.

MART. F. BARBER,
Notary Public.

I hereby certify that the statements made by Mr. F. H. Sheriff respecting his present condition are correct, from personal examination made this day.

Dated February 11th, 1878.

WM. PARMENTER, M. D.

We have in our possession another affidavit made by Wm. Falk whom Prof. Maclean operated upon for stone, but as it is lengthy our space will not permit it publication. This affidavit deposes that the patient went to Ann Arbor expressly to place himself under Prof. Maclean's care, that he had never known or heard of Prof. Gilchrist before going to Ann Arbor, and was therefore never lured from his care. The following clipping from the *Marcellus News*, published at the patient's home, goes to corroborate the statement that he never contemplated homœopathic treatment.

"Willie Falk, with his parents, started for Ann Arbor Wednesday to undergo treatment for gravel, by Prof. Maclean, before the clinic. The operation will be performed Saturday, and, being done in presence of the students, the College does such work free. In this connection we would like to make mention of the liberality of our citizens in contributing the amount requested, aside from that given by the county. In a very short time $25 was raised among our citizens, freely and cheerfully; while the county gave $40 more. No one begrudges the sufferer this amount; and it is hoped that he will come back cured and with the promise of a life of future health and usefulness before him."—ED. MICH. MED. NEWS.

SELECTIONS.

RECTAL ALIMENTATION.—In an article in the January number of the *American Practitioner* Dr. Austin Flint recites several remarkable instances illustrative of the efficacy of rectal alimentation. In 1852 a case was reported in the *American Journal of Medical Sciences*, by Dr. D. L. Pierce, in which the patient, a young woman with symptoms denoting gastric ulcer, was nourished by the rectum for three consecutive months, during which time she gained both in weight and strength. Dr. Purple, of New York, gives a report of an instructive case from which Dr. Flint quotes as follows: "Mr. P., aged forty-one years, of spare habit, nervo-sanguine temperament and sedentary occupation, was suddenly seized about four o'clock on the morning of June 30, 1871, without previous indisposition, with a profuse hæmatemesis. The vomiting of the blood was repeated some three or four times in the twenty-four hours for several days, until the patient became greatly exhausted. Under absolute rest in the recumbent posture, and light, cooling regimen, and the internal administration of vegetable astringents, his recovery was in four weeks, to all appearances, complete. In the autumn and winter of 1876 he suffered considerably from gastralgia and prolonged digestion, attended with occasional attacks of vomiting soon after eating. On the morning of February 18, 1877, he was suddenly seized with sever hæmatemesis, which recurred at intervals of a few hours for several days, until exhaustion and exsanguination were of an alarming character. In this state Dr. Flint saw him. A copious enema of infusion sulph. magnesia and senna was ordered and afterwards three drachms of Squibbs' fluid extract of ergot given per rectum; and from this time onward for nearly three weeks the patient was entirely nourished and supported by nutrient enemas, in quantities of from six to eight ounces every four hours night and day, of strong beef and chicken broths. No medicine, nourishment or drink were allowed by mouth. Occasionally at bedtime twenty-five or thirty drops of laudanum were added to the enema to promote sleep.

During the time in which the nutrient enemas were depended upon for the support of the patient, the stomach and bowels remained quiet and no vomiting or alvine evacuation occurred. The secretion of the kidneys and skin were about normal in quantity and quality. Near the close of the third week the patient was allowed to partake, sparingly at first, by the mouth of cool milk, at inter-

vals of three or four hours, when nutrient enema were given at longer intervals. On the fourth day a small semi-fluid evacuation from the bowels occurred, and which continued to recur every morning. The patient convalesced slowly."

Dr. Flint reports another case which he saw in consultation with Dr. Bliss, of New York, but which the latter would not report, for the reason that "the facts would not be credited, and he was reluctant to place himself in a position to be suspected of either wishing to deceive or of having been himself deceived." In this case the patient had had hæmorrhage of the bowels and vomiting of bloody and purulent matter with inability to retain any food in her stomach for many days. Enema of beef broth were resorted to, and in a short time Liebig's extract of meat was substituted. This treatment commenced in March, 1871, and in June, 1871, milk was substituted for the water in which the extract of meat had been given. Two teaspoonfuls of the extract in a teacupful of milk were injected at intervals of from three to five hours. This treatment was continued until July, 1872, when she was able occasionally to take a little milk and lime-water into the stomach without exciting vomiting. From that time until January, 1874, her chief nourishment by the stomach and her health slowly improved. The remarkable fact in this case was that from the first week in March, 1871, until the last of June, 1872, (fifteen months) the patient subsisted solely on injections.

The cases, with others which are cited, furnish clinical proof of the sufficiency of nourishment, introduced into the large intestine, for life to be maintained indefinitely; for improvement in cases of diseases involving great exhaustion; for the satisfaction of the sense of the want of food, or hunger, and for increase in the weight of the body. "We possess in the rectum an effective second stomach, which, if it does not afford us the pleasures of digestion, spares us many of its pains."

In considering the physiological question: how is digestion in the large intestine effected? Dr. Flint says, "secreting glands analagous to those of Lieberkühn are found in considerable numbers in the large intestine, and it is not difficult to understand that these may take on vicarious activity when those of the stomach and small intestines are not excited by the presence of ingesta.. Another supposition which I will venture to make, is that food introduced per rectum excites secretion by the gastric and intestinal glands, and in the absence of ingesta in the stomach and small intestines the fluid secreted by these glands passes into the large intestine in a sufficient quantity to effect digestion within the latter."

The articles used in the cases above cited prove their efficacy in those cases, but Leube has proposed a special rectal diet, called the "pancreatic meat emulsion" which is prepared as follows: From five to ten ounces of meat are finely chopped, and one-third of this weight of finely minced pancreas (of the pig or ox) free from fat added. This mixture is then rubbed in a mortar with five ounces of lukewarm water, being reduced to the consistency of thick soup. Leube's "meat solution" would seem also to be adapted to rectal administration, although originally intended to be given by the stomach. The formula for its preparation is as follows: Take of beef free from fat and bone 1000 grammes, and add of water 1000 C. C. and 20 C. C. of pure hydrochloric acid. This is put into an earthen or porcelain jar; place the jar in a Papin's digester, screw the cover tight and boil from ten to fifteen hours, stirring occasionally the first few hours. Then remove the contents of the jar to a mortar, and rub the mass until it has the appearance of an emulsion. Boil again for fifteen or twenty hours without raising the cover of the digester. Add pure potassium carbonate until the mass is nearly neutralized, then evaporate to a pulpy consistency. The article is prepared by F. Hoffman, 797 Sixth Avenue, New York.

Leube assumes that milk, eggs, and meat broths are unsuited for rectal alimentation, but clinical experience has proved him in error in this. His studies having had for their object the substantiating of the claims of his "pancreatic meat emulsion" as a rectal diet led him to be somewhat one-sided.

The quantity introduced into the rectum at each injection should not, as a rule, be larger than from three to six ounces, and the intervals from three to six hours. If not well tolerated a few drops of laudanum or a drachm of U. S. solution of morphia may be added. The contents of the rectum should be thoroughly removed by enemas prior to the nutrient enema if the patient's strength permits. To relieve thirst, sponging the body with cold water has been found of service. When required a little brandy or whisky may be added to the injection. If the injections meet the requirements of alimentation they are followed by a sensation of comfort, such as is experienced after a satisfactory meal administered in the ordinary way. In several of the cases observed by Dr. Flint rectal alimentation has produced

not merely indifference, but a disinclination towards stomach digestion.

PUMPKIN SEED AS A TÆNIFUGE.—Dr. Chas. White, U. S. A., extols the use of pumpkin seed as a remedy for tapeworm, and lays down the following rules for its use: First, secure a loose condition of the bowels. An absolute fast from solid and nutrient food should then be maintained for twenty-four hours. Two ounces of sun dried seeds, denuded of their outer coat—being careful to leave the greenish inner layer with the kernel—and thoroughly ground in a mortar, should then be given. The fast should be continued from eight to twelve hours longer, and then followed by two ounces of castor oil. The remedy is harmless, and is all the more desirable owing to the difficulty sometimes experienced in securing reliable samples of more approved tæniacides. (*Ohio Med. and Surg. Journal.*)

CORPULENCE TREATED BY SEAWEED.—Dr. M. M. Griffith, of Parsons, Penn., in a little pamphlet gives a complete resumé of all that is known on this subject. In addition to the Banting system and the sparing use of fluids, Dr. Griffith recommends the use of *Fucus Vesiculosus* (*sea weed, sea-wrack, common seaware or bladder-wrack*). He quotes also from Duchesne Dupare in testimony to its efficacy. It may be given in form of either pills or fluid extract. It is diuretic and tonic in its action. Dr. Dunglison in his *Medical Dictionary* ascribes its efficacy to the iodine it contains.

The above mentioned pamphlet can be had of KENYON & Co., Detroit. Price, post-paid, 50c.

ACETIC ACID IN PSORIASIS.—Dr. Jansen (*Revue Medicale*) finds acetic acid the most effectual application. After a bath of hot water and soap, to soften the crusts, the scales are to be removed by a small brush, and the acid applied by means of a sponge. Very soon the affected part becomes pale, then injected, and finally slightly inflamed. There is a feeling of smarting, which lasts half an hour. The crusts fall off, and in some cases appear no more after the fifth or sixth application; in others they reproduce themselves for a longer time, gradually becoming less and less thick. Only one application in the twenty-four hours should be made, and the parts should be carefully bandaged. (*Clinic.*)

INTRA-VENOUS INJECTIONS OF AMMONIA IN A CASE OF COLLAPSE.—In a patient who had for a long time suffered from profuse suppuration and in whom death from collapse was imminent, the pulse at the wrist being absent and respiration imperceptible, Mr. Fitzgerald, of Melbourne, injected a solution of equal parts of *liq. ammon fortior* and water into a vein. The injection was followed by violent convulsions, but these soon passed off, and the patient was able to sit up and talk rationally. These good effects lasted eight hours when signs of relapse re-appeared. A second injection was resorted to, but, as the greater part of it passed into the cellular tissue, no good followed. With the third injection, convulsions more violent than the first set in, from which, however, recovery took place without a recurrence of the collapse, and the patient steadily convalesced. The ammonia that escaped into the cellular tissue caused a large scar. Intravenous injections of ammonia deserve to be tried in other cases of collapse, and especially in cases of impending death from chloroform.

STRYCHNIA AS AN EXPECTORANT.—J. Milner Fothergill, in a recent letter to the *Medical Times*, claims for strychnia valuable expectorant properties. It differs from such expectorants as ipecac, squills, etc., in that it does not act on the mucous membrane of the air tubes but upon the nervous centres of respiration after the manner of ammonia. This action is of the utmost importance in bronchitis when the stage of free secretion is reached and the air tubes are full of mucus. Increasing clinical experience has taught the writer that among the agents which exercise the stimulating influence necessary under those conditions, strychnia is one of the most potent and useful. In chronic bronchitis, with emphysema, it is of great efficacy, and in the emphysema connected with advanced Bright's disease, it is of marked benefit. A combination of carbonate of ammonium, tincture of nux vomica, and tincture of squill is a most excellent mixture for patients suffering from dyspnœa, and generally procures them "more breath," as they phrase it.

One of the most important matters connected with such use of strychnia, is its relation to sleep. In many of these cases, sleeplessness is a prominent factor; and sleep can be procured only by narcotic. But while the narcotic acts on the nervous system generally it also acts on the respiration, probably at its centre in the medulla, and the patient is apt to wake up with an attack of dyspnœa. A series of cases has demonstrated that by the use of strychnia the respiration is so improved that the patient can go to sleep without the narcotic. In a case which had long been

subject to attacks of dyspnœa in the middle of the night, the attacks were completely obviated by the administration of strychnia.

A NEW SIGN OF RESPIRATION IN A NEW-BORN CHILD.—When the child is born dead, the tympanic cavity will be found full of a gelatinous substance, and consequently in a fœtal condition. When the child is normally born and breathes, the cavity becomes filled with air, *via* the Fallopian tubes, and the gelatiniform matter, which is due to a sort of œdematous development of the mucous membrane, disappears by a shrinking of the membrane. When artificial respiration has been preformed, in the tympanic cavities or in one of them is found a sanguinolent fluid showing the presence of air, but the fœtal conditions are not entirely changed.

SOURCE OF GREATEST DANGRR IN SCARLET FEVER.—At a meeting of the Berlin Medical Society Prof. Henoch made some remarks concerning scarlet fever which seem to be worthy of notice. He claims that the malignancy of the disease does not depend upon the high temperature, but upon the specific action of the poison upon the heart and nervous system. A peculiarity of the disease is, that it predisposes to inflammations leading to necrosis of tissue, scarlet diphtheria, which is by no means to be considered as identical with idiopathic diphtheria. As an ominous sign, in the course of grave cases he considers obstinate diarrhœa; for which, the cause is found in swelling, of both Peyer's and the solitary glands of the intestine. Henoch has lately expressed himself as opposed to the application of cool and cold baths in scarlatina on account of their producing profound collapse; he prefers baths of from 25–26° R. (88–90° F.). The antipyretics, for the same reason, must be given with caution—especially is this the case with salicylic acid. He recommends the stimulants, wine, coffee, camphor (dissolved in equal parts of alcohol and water). The latter hypodermically if necessary. As a treatment for Bright's disease with scarlatina, he uses cathartics, potass. acetas., gives saline mineral waters. After one or two weeks he begins with ergotin, tannic acid and liq. ferri. sesquichlorid. In the same meeting Dr. Baginsky stated that he uses, in his cases, baths from 88–90° F. frequently repeated and then inunction with lard and believes that he succeeds in eliminating the poison more rapidly than otherwise; making the attack less severe, lessening desquamation and preventing dropsy.— *Clinic.*

Formulary.

Dr. Francis Condie, in a foot note to the article in Watson's Practice of Medicine, 3d American edition, on "Diarrhœa Crapulosa," in which the fæces are discharged in a more liquid state and more frequently than is natural, recommends the use of opium, acetate of lead and ipecacuanha. The following formula I have found scarcely ever to fail :

℞. Opii,
Plumbi acetatis,
Ipecacuanhæ, āā gr. x.
Mix. fiat in pill No. xxx. Dose, one pill every two or three hours. W. B.

WALLACE'S EMMENAGOGUE PILL.

℞. Aloes.....gr. v.
Ol. tanaceti .....gtt. xj.
Cantharidis .....gr. vij.
Ferri lactis.....ʒjv.
Mix ft. mass. Div. in pill No. xxviij.
Sig. One, morning, noon, evening and night.
(*Med. and Surg. Recorder.*)

JABORANDI IN MASTITIS.—Dr. G. M. Wells (*New Remedies*), after trying in vain a number of the usual remedies in a case of mammary abscess, administered the following with success :

℞. Ext. jaborandi, fl.
Ext. dandelion, fl. each..... ℥ ss.
Syr. Simp..... ℥ iij.
Mix. Sig.—Table spoonful every two hours.

PERFECTLY TASTELESS QUININE MIXTURE.

℞. Quin. sulph..... ʒj.
Acidi tannici..... gr. xv.
Syr. tolu..... ℥ iij.
Mix.

HAIR TONIC.

℞. Quin. sulph..... grs. xx.
Tr. cantharidis..... ℥ j.
Acidi sulphurici..... ʒ ij.
Cocoaine (Burnett's)..... ℥ viij.
Mix. Sig.—Rub well in daily.
(*Louisville Med. News.*)

CURCHILL'S TINCT. OF IODINE.

℞. Iodinii pur ..... ℥ ijss.
Potas. iodidi..... ℥ ss.
Spir. rect..... ℥ xij.
Alcoholis ..... ℥ jv.
Mix.

TREATMENT OF THRUSH—*Aphthæ.*—As a local application in connection with the proper constitutional remedies, the folloing is recommended by by the *Canada Lancet:*

℞. Potas. chlor.
Sodæ. sulphitis.
Sodæ. bibor, each..... ʒ jss.
Glycerinæ..... ℥ ss.
Aquæ, *ad*..... ℥ ij.
Mix.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, MARCH 10, 1878 No. 4.

EDITORIAL.

HOSPITALISM.

The subject of *Hospitalism* is one of vast importance, not only to the profession, but to all those who need the benefits and comforts of a well regulated hospital. The advancement of modern science has opened the path to new discoveries, and it depends upon the medical press to present these discoveries to the profession and indirectly to the community.

The term Hospitalism was suggested by the late Sir Jas. Y. Simpson to designate the influence exerted by the air of a hospital. An examination of the walls of a Parisian hospital showed that the surface washed by a sponge removed millions of Micrococci Vibrio or Bacteria. Hodgen, in a paper on Antiseptic Surgery, read before the Surgical section of the International Medical College, says: "The atmosphere of hospitals seems to be pervaded by living germs, and the walls and ceilings seem to be encrusted with them." Chaivet found putrescible matter in the atmosphere, and on the curtains, the windows, the walls, and the ceilings of the Hospital Saint Louis. Mr. Land found bacteria in the air of the Manchester Royal Infirmary.

Now, if it is the fact that putrescence is directly caused by bacteria depositing themselves upon the abraded or cut surface, as claimed, and apparently proved, it would seem the great duty of all those who have the charge and management of hospitals to use all measures to remove, destroy and prevent the generation of these Vibriones. It is patent to all persons who visit a hospital, whether for examination or for its benefits, that the air has a different odor from that of their own homes, however humble, and from the air outside. This odor or hospital smell means something. It means impurity; in modern science it means filled with Bacteria —Hospitalism. In this city are two hospitals, both of which have the hospital smell, one more so than the other, because older; one has existed nearly 30 years, and the other nearly 15, and, although white wash has been bountifully applied, the vibriones still live, increase, and multiply, to the great detriment and opprobium of scientific medicine and surgery, and the health and recovery of the patrons.

The same applies to all hospitals of ancient construction and of long service. In view, therefore, of the modern light of science it would seem incumbent that these institutions should be thoroughly renovated by re-plastering and re-flooring, or that new buildings be erected to conform to the advanced views of hospital construction. In no other way, it seems to us, can Hospitalism be removed from the walls, ceiling and floors.

W. B.

PREVAILING DISEASES.

For the last four months our city has been singularly free from diseases of a destructive character. Congestion and irritation of the mucous surfaces of the air passages have been the only ailments that have prevailed. During the past week, however, a sudden and decided change has supervened. The alimentary tract has been the seat of trouble and diarrhœa with considerable tenesmus, and symptoms more or less dysenteric have prevailed very generally. The cause is laid by many to the water supply, the new water works being situated contiguous to the extensive marsh above the city. The facts, however, that the same difficulty is common in other parts of the state, and that many who have been affected have confined themselves to tea and coffee as a beverage, lead us to seek elsewhere for a cause.

The winter has been very mild and open and the heavy falls of snow have been rapidly melted, leaving the country surrounding

the city in many places covered with water, while the city itself has been cold and damp. The winds have been southerly and easterly and the atmosphere has been surcharged with moisture. A general chilliness and muscular pains have been largely complained of. The telluric and atmospheric conditions have acted on the skin, and closed up the perspiratory ducts and herein, doubtless, we have the cause. Possibly some malarial influence has been at work, but we are inclined to give it a secondary place in the causation.

The bowel trouble is easily managed. A few doses of castor oil emulsion with paregoric added, generally suffices to stop the watery discharges, when quinia in tonic doses is sufficient to remove the malaise which is usually present. In some cases we have noticed the skin to be slightly jaundiced; here the following has answered a good purpose:

℞. Hydrarg sub. mur.....gr. ss.
Quiniæ.....gr. j.
Pulv. Opii.....gr. ½.
" Ipecac,
" Capsici āā.....gr. ¼.
Mix.
Give every two hours.

Hot applications to the bowels, with quiet in bed are both agreeable and useful. For dysenteric symptoms give an enema of a half drachm to a drachm of laudanum in a quarter teacupful of starch repeated two or three times a day. W. B.

The following are some of the pleasant things our contemporaries say of us:

The *N. Y. Medical Record* says of our first number:

"It is devoted principally to short abstracts of news and progress of medical science, and presents a great deal of useful and practical information in a small space."

The *Louisville Medical News:*

"It has a large and strong editorial staff and is certain to be conducted with wisdom and spirit. In a state where the profession is so largely represented by reading and writing men, as it is in Michigan, state patronage alone is sufficient to secure its pronounced and permanent success. Some of its editors are already known as manly defenders of the true faith as held by the American Medical College Association, and the advent of the MICHIGAN MEDICAL NEWS adds another engine of war against the evil doing colleges which are disgracing medical teaching in America."

The *American Medical Bi-Weekly:*

"The design in the organization of the editorial staff seems to be, by distributing the editorial influence judiciously, to break up or to prevent local jealousies; and these, as is well known, have done much to render all journalistic ventures in Michigan pecuniary failures. The editors seem fully alive to all of these facts and design to avoid all past causes of failure. The first number is prepared with excellent judgment, and is highly creditable to all concerned."

Thanks, gentlemen. "Praise from SirHubert is praise indeed."

We are in receipt of a communication from Prof. Gilchrist, with an affidavit, anent the dispute between himself and Prof. Maclean. We shall hold the matter under advisement and decide what we shall do with it before our next issue.

The following have remitted since our last:

A. W. Alvord, J. Goodno, Peter Klein, W. B. Town, J. Kingsley, H. W. Lobdell, J. A. Seaman, R. J. Allmond, S. D. Harris, Gustav Wieland, O. P. Eaton, C. H. Lincoln, C. C. Hyde, O. E. Herrick, G. W. Lowry, N. Garland, E. Watson, — Fosdick, Wm. Dupont, S. W. Bedford. E. M. Turner, C. G. Davis, M. H. Raymond, D. J. Wallace, T. V. Law, C. W. Burrows, E. J. Bolio, G. W. Springer, Scoville & Broucher, D. C. Holly, Daniel Forbes, T. F. Pomeroy, R. R. Edwards, C. C. Eply, H. N. Porter, George Swift, G. A. Munshaw, F. P. Herr, J. McB. Sutherland, A. H. Baird, C. F. Baker, Gordon Chiddock, W. J. Calvert, E. S. Dodd & Son, A. Eastman, J. W. Fiske, Haight & Van Ostrand, H. J. Hall, E. W. Hawkins, H. L. Joy, G. W. Montgomery, C. F. Miller, C. W. Morse, T. W. Robertson, Thos. Shaw, O. F. Thomas, L. H. Wurtz, S. Whitehall, A S. Haskins, S. P. Engle, H. C. Allen, R. R. Lawrence, W. A. Neal, H. E. Smith, B. R. Hoyt, M. W. Danforth, W. H. Andrews, W. P. Brown, E. Woodman.

ORIGINAL ARTICLES.

AN ANOMALOUS CASE OF ROTATION OF THE BODY AFTER DELIVERY OF THE HEAD.

By E. S. DUNSTER, M. D., Professor of Obstetrics and Diseases of Women and Children. Univ. Mich., ANN ARBOR, Mich.

On the 29th of December last I was called in consultation by Dr. J. D. Hartley, of this place, to a case of puerperal convulsions. The patient had been seen by Dr. H. only a few hours previous to sending for me, so that her condition as to the kidney complication had been unrecognized and no measures had been taken to ward off the dangerous complication of convulsions. She was a primipara 20 years of age, short and somewhat stout but apparently well built. Her condition was apparent at a glance, by which is meant that she presented the pasty, œdematous, almost transparent look so characteristic of extreme albuminuria. She had passed about an ounce of smoky colored urine which fortunately had been preserved. This I tested at once by heating it in a common spoon, and to the eye it seemed as if it were more than half solid albumen. The convulsive seizures were not very pronounced and as the patient was already under the influence of chloroform the only additional treatment suggested was to give by the rectum a full dose of chloral hy-

drate and bromide of potassium and deliver as soon as dilatation of the os would permit. The chloral and bromide produced a most happy effect—not merely in quieting the nervous disturbances, but under their influence the os dilated evenly and rapidly, and in little over an hour I was enabled to apply the forceps. The head was resting at the brim with its long diameter nearly in apposition with the transverse diameter of the pelvis and the occiput to the right side. No abnormality of the pelvis was detected on the examination and the blades of the forceps were adjusted with perfect care. Delivery, however, proved unusually difficult, and required all my strength during six successive pains before the occiput was brought down and well out under the arch of the pubes. At this time, on account of the extreme distension of the perineum, I removed the blades and hooking two fingers in the rectum stretched the perineum forward, after the method described by Dr. Goodell. Delivery was accomplished in two additional pains, and not even the fourchette was ruptured as is almost invariably the case in primiparæ. The face turned square toward the inner surface of the left thigh of the mother, and the left shoulder of the child was behind the symphisis pubis, the right resting high up in the hollow of the sacrum. With the next pain no advance occurred and accordingly I hooked my forefinger underneath the right axilla in order to make traction in the direction of the outlet of the parturient canal. Applying tractile force in this way on the coming on of the next pain, the child was apparently locked in some way, but no obstacle could be detected. The extracting force was therefore continued and during the third pain the head, to my surprise, began to rotate from left toward the right, so that the face of the child looked first directly upward and then continued the rotary movement clear over until it looked in the reverse direction from that in which it was first situated. This movement was steady and occupied more than a minute, and was wholly uninfluenced by my fingers. I called Dr. Hartley's attention to it as something out of the usual line, and he saw it take place. This movement, which was caused by the internal rotation of the shoulders, suggested at once in connection with the great difficulty in the forceps delivery a pelvis narrowed anteroposteriorly, so that the shoulders could not easily pass through in the direction in which they lay when the head was brought down. It will be remembered, too, that the head laid transversely to the brim. On further examination this was found to be the case, and thus an easy explanation was made of this abnormal movement. The child's heart was beating after delivery, but it never breathed and in spite of long continued and persistent efforts at resuscitation by the Prague and other methods, it died. There was a laceration of the vaginal wall opposite the descending ramus of the pubes one inch and a half in length. Could it have been cut by the anterior edge of the right blade of the forceps? I think not, for it was not a straight cut at right angles to the line of the ramus, as it must have been if produced by the blade, but it was irregular and nearly parallel to the line of the ramus. It seems more rational to suppose that it was a laceration following directly from the immense pressure which was made by the occiput over this prominence of bone in the forced delivery, and it may well be illustrated by the lacerations which are sometimes seen on the cutaneous surface from violent bruising or friction as when one is thrown forcibly to the ground. Certainly, with the blades adjusted as were these, the anterior edge could not cut a slit like that observed in this instance. In two or three instances of forceps delivery I have seen the same kind of a tear produced on the child's scalp when it could not be properly said that the blade cut the scalp. There were no convulsions after delivery and the mother made an excellent, through somewhat protracted recovery. The urine had to be drawn for eight days. The vagina was freely washed out with antiseptic solutions, and salicylate of soda and quinia were administered internally. The laceration closed without contraction and leaves no mechanical obstruction to delivery in case of recurring pregnancy. Had the complication arising from the albuminuria been detected and premature labor at eight months been resorted to, all the difficulties in delivery would have been evaded; but the patient was not under the care of a physician until labor began. The induction of premature labor in cases of severe albuminuria is fully justified by experience, and I hold it to be one of the most valuable improvements in modern midwifery.

SURGICAL NOTES FROM THE UNIVERSITY CLINIQUE.

Case of Calculus, and a Mass of Chewing Gum in the Bladder—Lithotomy—Recovery. Reported by George S. Allen, (Student.)

W. F., aet. 19, from Marcellus, Mich., presented himself at the clinique Oct. 24th, 1877, with all the symptoms of stone, viz: constant desire to urinate, intense agony after emptying the bladder, sudden stoppage of the stream, blood, pus and mucus in large quantities present in the urine, great pain on moving, also much constitutional disturbance, loss of appetite, constipation, etc. These symp-

toms commenced about three years ago, but they had been especially severe during the past twelve months.

The patient's sufferings were so intolerable, and the urethra and bladder so irritable that the operation of lithotomy was at once determined upon by Prof. Maclean, who at his first examination of the patient discovered the stone with the sound.

On October 27th, chloroform was administered and the left lateral operation performed by Prof. Maclean.

No delay nor difficulty was experienced in reaching the bladder and seizing the stone.

The removal of the latter was more difficult and tedious. The stone being phosphatic and very friable broke into numerous fragments which were extracted in detail, the excessively irritable bladder ejected its fluid contents and closed down spasmodically on the fragments, some of which were so involved in the folds of the viscus that careful injections of warm water failed to disengage and remove them, so that two or three small fragments had to be extracted with the dressing forceps subsequently.

The stone weighed one hundred and twenty grains, and along with it a portion of common chewing gum was removed weighing fourteen grains. Patient had previously confessed having tried some experiments with a piece of gum long drawn out in the hope of relieving the dreadful pain caused by the stone.

The gum was positively not the nucleus nor in any way the cause of the stone,and although removed at the operation along with the latter, it was quite distinct from it. The gum had not undergone any change that could be detected, although it had been in the bladder for more than twelve months. It was nearly one quarter of an inch in circumference and two and half inches in length.

For the first day or two after the operation patient, although much relieved, still had some spasmodic pain, which was finally accounted for and relieved by finding and removing two small fragments of stone which had not been removed at the time of the operation. Hypodermic injections of morphia were used with excellent effect in the proportion of $\frac{1}{4}$ grain in the 24 hours until Nov. 5th, after which they were discontinued as unnecessary. His bowels were regulated by small doses of Rochelle salts, well diluted and frequently repeated.

On Nov. 18th, he was dismissed, his wound being healed and his health completely restored.

This patient's great grandfather died of stone in the bladder.

RECTAL ALIMENTATION—ADMINISTRATION OF COFFEE.

By Dr. J. H. Beech.

In the "Selections" published in the last number of The News, upon this subject, no mention is made of the use of coffee.

In the early part of 1859, Mrs. B., *aet.* 42, was rapidly declining from encephaloid disease of the body and fundus uteri, and became, from sympathetic irritability, utterly unable to retain food long enough to have it perceptibly changed during its stay in the stomach. From about the 6th until the 18th February every modification of diet, and known remedies, had rather seemed to add to than relieve the difficulty. It was therefore determined to leave the stomach entirely at rest; and for five subsequent weeks nothing was allowed to pass the dorsum of the tongue but once.

The only nutriments used were rectal enemas of chicken broth, coffee and cream, beef tea and broth, and milk and eggs.

Occasinally a few drops of tincture opii were added to relieve local irritability or general pain. About three weeks from the commencement of total abstinence from ingesta an attempt was made to swallow about two tablespoonfuls of milk and lime-water; but she was confident that it did not pass into the stomach, and it was ejected unchanged more than an hour afterwards, having probably been retained in the œsophagus. In the last week in March she ventured to swallow a little food of bland character; and by the last of April the trouble with the stomach had ceased. She frequently remarked that coffee and cream relieved the sense of *famishing thirst* better than any other injection. The encephaloid mass continued to increase until the vital viscera were overpowered by pressure, and death occurred June 5th. Peri-anal frictions of hydr. chl. mite and morphia sulphas, suspended in simple cerate, were the only additional medications. Such was the degree of encroachment of the abnormal growth that we, several times, crushed by digital taxis *per ani* as much as seemed prudent, in order to make room for the passage of fecal masses, and for the reception of enemata.

After the afore-mentioned *alterative* inunctions, injections of elm mucilage evacuated the bowels more easily than any other means made use of.

We have pursued a similar course, for shorter times, with other cases; and have uniformly been told that coffee and cream were at times especially grateful.

Coldwater, Mich.

MISCELLANY.

Dr. C. H. Stowell, of the Physiological Laboratory at Ann Arbor, in a note on the "Origin and Structure of the Red Blood-Corpuscle," says: "This is a very interesting question to the physiologist, and although by no means settled, the recent researches of Prof. Welcher, of Germany, will go to confirm us in the belief of their origin from colorless nucleated corpuscles, similar to, if not identical with, the white corpuscles of the blood. The colorless corpuscle becomes impregnated with hæmaglobin and its nucleus after a time disappears. If this be true, then the red corpuscle must have a nucleus. Following the method of Prof. Welcher, as given in the Archiv. Für Mic. Anat. Bd 14 P., we have demonstrated this nucleus to different members of the faculty and to the laboratory students. Three classes of corpuscles are found. First, structureless and homogeneous, *i. e.*, those most distant from the white; second, those having a nucleus; third, those having a nucleus and nucleolus.

The red-corpuscles of man, dog, cat and rat have been examined, and all with the same result. The difference between the so-called cup-shaped corpuscles and nucleated corpuscles is very marked.

At a meeting of the Ann Arbor Medical and Surgical Society, Feb. 19th, Dr. King gave an interesting and valuable paper on the history and use of antiseptic treatment. Lister's late use of boracic acid dressing and horse hair tents were mentioned. At the close of this paper a very interesting discussion took place on the germ theory and its bearings on practice. A number of students of the University, who were present, propounded pertinent questions which were answere answered by the members of the Association.

Prof. Maclean presented a remarkable epithelioma which he had lately removed from the omo-clavicular region of the neck of a lady. The tumor had existed fifteen years and lately had poured out daily from a pint to a quart of pus. Fourteen vessels were cut and ligated in removing the tumor, although its base was not more than three inches long and one and a half wide.

Dr. George presented history of a case of miliary tubercle and thought the iodide of potassium was injurious in such cases as it broke down and removed the cells together with the exudate. V. C. Vaughan, Sec.

The Hartford, (Conn.) Medical Society recently added to its constitution a provision forbidding any member to receive students in medicine who have not a fair education in the common English branches, physics and chemistry, and also forbidding certificates of study to those who are unable to construe easy Latin. The famous words of Galileo, *e pur si muove* may with truth be applied to the reform in medical education when medical societies voluntarily take such action as this. Will our colleges heed the demand that is daily coming *up* to them from the ranks of the profession? We say coming *up*, though in truth the ranks are actually in advance of most of our colleges in this matter. Next?

The Convention of the University of London, by a large majority vote, has agreed to admit women to degrees in all the Faculties on the same conditions as men. The English medical journals generally are opposed to this action so far as it relates to the medical degrees. The *Lancet* of January 19 has a powerful leader on this topic, but the arguments made use of strike one who is familar with the working of the system of co-education in this country as a little peculiar. After all, it is a question that cannot be settled by argument or precedent, but must be put to the test, under appropriate restrictions, of experiment, and we must be careful also not to confound the question of education with that of the fitness of women to become physicians. This last question, in the very nature of things, can only be determined after long years, probably even generations, of practical experiment. Experience thus far is too limited to warrant any conclusion which is satisfactory or will carry the weight of a generalization.

E. S. D.

A New Living Double Monster.—The *Medical Times and Gazette* quotes from the *Wiener Med. Wochenschrift* of December 8 a description, by Prof. Hesche, of a living double monster. The subject is a female seventeen years of age, the duplicity extending downward from the second lumbar vetebra, the upper portion of the body "resembling that of a pleasing, delicate girl of from ten to twelve years of age." Technically, it belongs to the order of *anadidyma* genus, *dipygas*, and species *tetrapus*. It is a less common form of monstrosity than the well known Two-headed Nightingale, Millie and Christina, or the Hungarian Sisters, Helen and Judith, and rarely have the specimens of it lived any length of time after birth.

François Vincent Raspail—a name that but few of our younger readers will recall, though familiar enough to the older members of the profession—has just died in Paris at the advanced age of 84 years. He is well known as a scientist—his work being mostly in the department of chemistry—and as a political agitator of the turbulent type. He carried his political convictions into practice by fighting in the streets in the revolutions of 1830 and 1848, and recently (1870—71) he was a member of the famous commune, though his advanced age prevented much active participation in their villainous work. By the profession he will be best remembered as the author of a somewhat famous system of therapeutics which made camphor a panacea for all the diseases of human flesh. His son still keeps a public dispensary in Paris where the system is rigidly carried out and camphor is used both externally and internally for diseases of all kinds.

The British Homeopathic Society has, in the opinion of the orthodox believers in this system, "fallen from grace;" for in the words of their vice president, Dr. Wyld, they are a society "only too happy to enrich our (their) therapeutics from every available source." Lamenting which, some of the stricter disciples have established a new organ, *The Anglo-American Review*, which goes straight back to the fountain head—the organon of Hahnemann—and draws its inspiration from this unpolluted well. Where itch does not lie at the bottom of disease we shall find syphilis, according to this authority, and so here in the opening number of the *Review*, we have a "stupendous cure" of caries of the spine by that "silent, but miracle-working dynamis, 'the nosode syphilinum.'" "Not," it says, "that syphilinum" which, it appears, is "a *diluted* and potentized product of disease" "is homeopathic to all cases of caries; it can only be homeopathic to the variety arising from syphilis, not from psora." To common folks and in plain English this seems very like *undiluted* nastiness, and it is little wonder, in view of such absurdities, that the thinking men of this school are repudiating their extreme notions and approximating gradually in practice, even if not in theory, to the methods of rational medicine.

No better evidence of the liberalizing tendency in the homeopathic ranks can be adduced than the action of the British National Association above alluded to. And now in confirmation of this, comes the New York State Homeopathic Society, which, at its annual meeting on February 12, passed the following resolution:

Resolved, That in common with other associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that, although firmly believing the principle "similia similibus curantur" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable rights of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

E. S. D.

Ovariotomy Statistics.—Dr. Thomas Keith, of Edinburgh, reports (*Brit. Med. Jour.* January 5, 1878) his fifth series of fifty cases of ovariotomy, showing, like Mr. Spencer Wells, a diminishing mortality with increasing experience. In his first series, there were 11 deaths; in the second, 8; in the third, 8; in the fourth, 6, and in the last, 4. Besides these fifty complete cases, he notes two cases of acute suppurating dermoid cysts which were treated by incision and drainage, with recovery. Another case similarly treated "so far promises well." There were also three cases in which he was unable to complete the operation, all of which ultimately proved fatal. In four-fifths of all the cases the clamp was used, the cautery being reserved for very short pedicles. His confidence in the cautery has been somewhat shaken by hearing of a case in which hæmorrhage occurred the day after its employment. Sulphuric ether was administered in all the cases, and properly given, he considers it nearly a perfect anaesthetic.

"Lectures, Books, and Practical Teaching."—Prof. Gardner, of Glasgow, took those three topics as the theme of his address at the opening of the University. We quote, for the benefit of teachers as well as the taught, a paragraph which strikes at one serious evil in the present system of medical education: "The great fault of almost all books and of many lectures to the student, is that they attempt too much. They lose sight of the fact that a very little real knowledge is all that can profitably enter the human mind, and still more the average human mind, in a limited period of time. All that is over and above this is mere learning by rote; or, in other words, what is com-

have already been contributed by the public, and the government has pledged eighty thousand more, or four hundred thousand dollars, conditioned upon a public subscription of the balance. "Go and do likewise" suggests itself at this writing as appropriate advice for some of *our* Governments to adopt. monly, though inelegantly, called *cram.* And out of *cram*, though you may make a book-worm or a prodigy of learning, you cannot possibly evolve a physician, or even a reasonably safe practitioner of the healing art. For you may take it as quite established by experience that you—students, let us say of the third year—cannot in one or two sessions learn the whole art and mystery of the practice of medicine. All that you can possibly do is to learn well a few of the better known and more clearly established facts and principles; and, what is most important of all in mastering these thoroughly, you can so inform your minds as to render them a fitting soil for the further teaching derived from experience, from reading, and from social and professional intercourse. In other words, in learning a few things well you can teach yourselves, or be taught, how to learn many other things well by and bye."

KALAMAZOO DISTRICT MEDICAL AND SURGICAL ASSOCIATION. At a meeting of regular physicians and surgeons of Kalamazoo county and others to whom Kalamazoo is a natural centre, held on the 27th of February, the above named association was duly organized with twenty members and with a fair prospect that its membership may reach nearly or quite forty. The following officers were elected for the ensuing year:

President, H. O. HITCHCOCK, M. D., Kalamazoo.
First Vice President, B. BARNUM, M. D., Schoolcraft.
Second " " E. B. DUNNING, M. D., Paw Paw.
Board of Censors, J. W. FISKE, M. D., Kalamazoo.
H. U. UPJOHN, M. D., "
MILTON CHASE, M. D., Otsego.
Secretary and Treasurer, J. M. SNOOK, M. D., Kalamazoo.

The censors were made an executive committee. The meetings of this association are to be held on the last Wednesdays of April, July, October and January at Kalamazoo, unless otherwise determined at a previous meeting.

GLYCERINE IN THE TREATMENT OF INTERNAL HÆMORRHOIDS.—Dr. David Young reports, in the *Practitioner* for January, a number of cases of internal hæmorrhoids which he had successfully treated by means of glycerine, given internally, in doses of from one to three drachms, night and morning. He discovered this application of the remedy accidentally, from giving glycerine as a substitute for sugar to a patient who was suffering from internal piles. Subsequent trials of the remedy have convinced him that glycerine should be added to our list of palliatives for this troublesome malady.

PARAGRAPHS.

Kolpokleisis. This word brings to mind an incident in the examination of a medical student for his degree by the late Dr. Joseph A. Gallup, Professor of Theory and Practice in the Vermont Academy of Medicine. Being asked what *anthemis nobelis* was, the candidate did not know—had never heard of it before. The doctor informed him it was the scientific name for common chamomile. "The —— it is; all that for chamomile." We may well say "All that for obliteration of the vagina." Richard J. Dunglison, M. D., will not have much time to sleep if he includes the new words that are daily being coined for every modification of well known diseases or surgical operations, and especially those in the line of the specialties, for the next edition of the now elaborate Dunglison's Medical Dictionary.

Two Michigan doctors ask if Oregon and Nebraska are good locations for young doctors. We do not believe that there is a town in America without all the doctors it can support, and the far West has its full proportion. A first-class physician will get a good practice and make money in any locality, and the road is open for all doctors to become first-class.—*Detroit Free Press.*

CONCEIT OF MEDICAL MEN.—George Sand, in one of her novels, says, "conceited as a young doctor." There is no cure for conceit equal to a conversance with the works of others. Conceited young doctors take no journals. Old doctors are not so much affected by conceit as by indifference. Interest in the works of others is its remedy, and is a prophylactic against greater evil, for between apathy and apoplexy the difference is not great.—*The Clinic.*

At Rouen, France, a monument has just been erected in honor of Pouchet, not for his sturdy defense of the doctrine of spontaneous generation, but as a mark of gratitude for the public services and benefactions he had rendered his native city. Pasteur, his life-long opponent, sent with his subscription a noble letter, which was read during the ceremonies and received with great applause. In it he said: "This conscientious *savant* deserves the gratitude of all for what he has done that is good and useful, and even in his errors he has a right to every respect."

Should Physicians be Married?—The old ladies, the young and un-married ladies, all think so, and some of the husbands think so likewise; and, indeed, from our own personal experience it is better they should be, provided they have the means to support a wife. But why a superintendent of an insane asylum should necessarily be married we know not. When Dr. Palmer (not Prof. A. B. Palmer, who is a married man,) was elected Medical Superintendent of the Insane Asylum at Kalamazoo, the Board resolved that the doctor should get married, and presented him with the resolution. Not being present, we cannot state how the Doctor received the wise advice, but presume he did so in the Pickwickian sense (of the advice). Ours would be something like that of the old Scotchman to his son: "Sawney," said he, "it is a' weel eneugh to get married, but if the lassie hae a wee bit siller wi' her she waud be nane the waur for 't."

Prof. Albert Smith, M. D., LL. D., of Peterborough, N. H., is dead. He was born in 1801, and graduated at Dartmouth College in 1825, and took his degree in medicine from the same institution in 1833. In 1849 he was appointed to the chair of Materia Medica and Therapeutics in his Alma Mater, which he occupied until his resignation in 1870. His writings and his ability as a lecturer achieved for him an enviable name.

Dr. Hodder, of Toronto, is also dead, the event terminating an illness of over a year. He was born in 1810. As Professor of Midwifery and Gynecology in the University of Toronto his reputation was established years ago, and he stood long the acknowledged head of the profession in Ontario. He it was who first injected milk into the vein of an apparently moribund cholera patient; and this he did in spite of the opposition of the gentlemen to whom he proposed it, and who washed their hands of all responsibility in the matter. The patient recovered. The incident gives a clue to Dr. Hodder's character. He was the second surgeon to perform ovariotomy in Canada.

The Boston *Medical and Surgical Journal* with its issue of February 21 reached the semi-centennary of its birth. It was the offspring of the *New England Journal of Medicine* and the *Boston Medical Intelligencer*. With a single exception, it is now the oldest medical journal published this side of the Atlantic. Although aged, our cotemporary shows no signs of decrepitude, and we extend to it our congratulations on its entrance into the second half century of an honorable life.

We have just received a very beautiful microphotograph of a sarcolemma of muscle demonstrated by Dr. C. H. Stowell, of the Physiological Laboratory of the University of Michigan.

Our whilom yoke-fellow, Dr. Leartus Connor, having surrounded himself with a numerous staff, has taken charge of the *Detroit Lancet*, a new medical journal published by the enterprising book firm of E. B. Smith & Co. Its first two numbers have just been laid on our table, and as a careful examination satisfies us with its appearance and as we sympathize with the spirit which it is alleged is to dictate its policy, we most heartily welcome the new journal to our list of exchanges. It is an 80 pp. publication, will be issued monthly, and for $3.00 per year. Its prospectus informs us that it is not an "organ" This is eminently proper, and we are glad to be assured of the fact. The craft has headed for the right course, and the ability and tried seamanship of its crew inspires us with the hope that it may steer clear of the rocks and shoals and quicksands which have wrecked many a fair bark.

We invite attention to the announcement in our present issue of "Parrish Hall," the medical home for opium habitues, at Brooklyn, N. Y. It offers exceptional facilities for treatment, the results of which, we understand, are very encouraging.

Sanitary.—The Branch County (Mich.) Court-house is being improved by taking out two old *death traps* called "winding stairs." and substituting a straight, wide stairway and hanging the hall doors to swing outward.

A Cud for Vegetarians to Chew.—Gubler, in his recent researches as to the causes of cretaceous degeneration of the arteries, made the very interesting discovery that a principal cause lies in vegetable diet, and thus explains the frequency of cretaceous arteries among the French rural population at the early age of forty. Further proof he finds in the fact that the trappists, who live exclusively on vegetable food, very soon show arterial degeneration. In districts where chalky soils load the drinking water with earthly salts, a vegetable diet acts more rapidly in affecting the arteries than in regions of siliceous formation.—*Boston Med. and Surg. Jour.*, from the *Bulletin de la Societe de Medicine.*

Edinburgh is to have a new medical college building, involving, with the purchase of the land and houses now standing thereon, an expense of nearly one million dollars. Toward this sum, ninety thousand pounds

Eight to Seven Therapeutics.—We had thought this eight to seven business was restricted to electoral tribunals and politics generally, but Mark Twain, in *Belgravia*, gives us a chance for a hearty laugh in describing the perplexity of a skipper in the North Pacific, whose faith in medicine was shaken by the unexpected result of an eight to seven combination of opposing forces. "There is something rotten about this medicine-chest business," said he. "One of my men was sick—nothing much the matter. I looked into the book; it said, 'Give him a teaspoonful of No. 15.' I went to the medicine chest and I see I was out of No. 15. I judged I'd get up a combination somehow that would fill the bill; so I hove into the fellow half a teaspoonful of No. 8 and half a teaspoonful of No. 7, and I'll be hanged if it didn't kill him in fifteen minutes. There's something wrong about this medicine-chest system that's too many for me."

Dr. M. O. Jones, of Chicago, recently treated a case of mastitis with threatened suppuration by passing a probe into the duct of the nipple, and thus overcoming obstruction to the exit of the milk. Subsequent nursing caused the disappearance of the threatened abscess.

Henry Daniel Ruhmkorff died at Paris on the 20th of December, aged 75. A German by birth, he removed to Paris at an early age, where he entered Chevalier's Laboratory as a porter. His taste for electric apparatus was first manifested in this situation, and he soon opened a manufactory on a small scale, which afterwards, with the assistance of his former employers, attained large dimensions. The thermo-electric battery was his first invention, in 1844. In 1851 he gave to the world the famous Ruhmkorff coil, by means of which he obtained sparks eighteen inches in length. Like most devoted scientists, he was an indifferent financier, and died poor.

Inflation of the urethra by injecting a solution of carbonate of soda, and followed by one of tartaric acid, or else by means of a Politzer's bag, has been successfully used as an aid to catheterization in urethral stricture.

Prof. A. R. Simpson in an address before the Edinburgh Obstetrical Society, stated that 10.3 per cent. of the women admitted to his ward for disease of the sexual system during the last three years were cases of uterine fibroids, and that of the sixteen married women so affected, thirteen were barren.—*Edinburgh Med. Journal for January*, 1878.

At the 20th annual meeting of the American Medical Association held in the city of New Orleans May, 1869, the following preamble and resolution was adopted as one of the ordinances of the Association:

Whereas, The contract system is contrary to medical ethics;

Resolved, Shall all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioneers.

At the late meeting held in Chicago, on motion of Dr. N. S. Davis, the above preamble and resolution were stricken out from the list of ordinances. We give the above for the benefit of all those who may not have a copy of the transactions for 1877, that all physicians may be advised alike.

Of the 4,817 medical students registered in Paris last month 184 were from America.

Speaking of monuments reminds us that two other eminent physicians have recently received similar *post mortem* honors—Dr. Livingstone, the African traveler, and Dr. Graves, so well known for his clinical studies on the heart.

SELECTIONS.

Muriate of Pilocarpine in Diseases of Children.—Prof. R. Demme (*Central Zeitung für Kinderheilkunde*) has employed this medicine in thirty-three cases in diseases requiring diaphoretic and sialogogue action. The ages of the patients ranged from nine months to twelve years, the larger number being under seven years of age. The remedy was used sub-cutaneously in a two per cent. solution. The dose employed was, for infants under two years, about one-thirteenth of a grain; between two and six years, one-tenth to one seventh of a grain; between seven and twelve years, for first injection one-seventh of a grain, and later, according to circumstances, from one-fifth to one-third of a grain. As a rule but one injection was given daily. In exceptionally urgent cases, with, for instance, suppression of urine for twenty-four hours, with symptoms of uræmia, two to four injections of one-sixth of a grain each were given in twenty-four hours. Disagreeable symptoms, as vomiting, hiccough, faintness, repeated yawnings, and trembling of extremities occurred in only two cases. A small quantity of cognac given before the injection greatly diminished these symptoms. In children over four years the diaphoretic action predominated over the sialogogue; between one and two years the reverse was the case. The action of the medicine com-

menced in about five minutes after an injection, reached its greatest intensity within ten to fifteen minutes, remained stationary during twenty to forty minutes and then gradually decreased. The diaphoretic action outlasted the sialogogue in the majority of instances. It was particularly in cases of desquamative inflammation of the kidneys, with dropsy, following scarlatina, diphtheria, etc., that the value of this remedy as a diaphoretic was made manifest. In the majority of cases diuresis was also excited; while at the same time the amount of albumen and blood was not increased, but rather diminished.—*Boston Medical and Surgical Journal.*

Syphilis.—*Clinical Lecture by Prof. D. W. Cheever, of Harvard University.* The patient, a girl ten years of age, is supposed to have been raped by an unknown man. A charge of rape on a child should always be accepted with a grain of allowance, because of the excitement of the child, or because parents may be disposed to quarrel with a neighbor, and so bring a suit against him on a false accusation of rape. Children do have vaginitis as a result of worms or of masturbation, and upon the vaginal discharge suits may be based which involve innocent persons. This child was admitted to the hospital Sept. 1st. She then had swelling of the labia and two sores on each side of the vulva. It is sometimes difficult to distinguish specific from ordinary sores, and the character of these may not then have been suspected. They were treated with sundry applications, and the child was discharged well. On the 28th of November she was again brought to the hospital. Several days of cautious inspection and cross examination led to the discovery that while gathering chips on the wharf she was violated by a stranger. This was the only history obtained from her. Two days after I found a large fringe of condylomata around the anus, the remains of sores on the vulva, and, stranger still, a sore in the corner of the mouth. It is a well-marked case of secondary syphilis. In their medico-legal bearings such cases make it necessary to decide as to whether syphilis be present. We must try to determine whether the sore in the mouth be primary or secondary. Yesterday another sore appeared in the opposite corner of the mouth, and there is now no doubt that both are secondary. If the patient were left long enough without treatment we should see sore throat. The affection of the mucous membrane begins in white patches, especially at the junction of the mucous membrane and the skin. By friction and movement these patches develop into sores, yet chancre in the corner of the mouth is not unknown, and is followed by enlargement of the cervical lymphatics similar to bubo.

The treatment of this case should be mercurial. But in what form? Some writers recommend the chloride. It is a good remedy in chronic cases, but in my experience is slower than clomel. The protiodide is also good, but of late I rely more on calomel than on any other compound of mercury. I propose to give the child two grains of calomel daily, that is, one grain twice a day, combined with opium to prevent action of the mercurial on the bowels. The condylomata, by the aid of dryness and powdered calomel, will get well. When they are large and moist I use nitric acid. But in those which are flat and thin, dryness and calomel powder answer every purpose. The internal treatment must be pushed until the gums are slightly spongy and the breath has the mercurial odor. When this condition is reached I shall reduce the calomel to one grain daily. In those instances in which the mouth becomes sore before we know it, a mouth wash of chlorate of potash is needed.

In hereditary syphilis of children, to give mercury by inunction is a good treatment, but care is necessary as the mercury is sometimes absorbed very quickly. Rub the ointment into localities in which the skin is thin, as the armpits and groins.—*Boston Medical and Surgical Journal.*

Treatment of Tetanus.—Dr. Henri de Renzi, who has had the opportunity of treating an unusual number of cases of tetanus, has employed the most various therapeutic agents, as opium in large doses, sub-cutaneous injections of morphia, atropia, curari, prolonged baths of hot water, large doses of chloral hydrate, the application of electricity, but without successful result. The only instance in which he was successful was one in which the patient was kept in absolute rest. In one of the fatal cases the author satisfied himself that the number and intensity of the tetanic spasms underwent considerable increase as son as daylight was allowed to penetrate into a previously dark room. In frogs in which he had produced tetanus by means of strychnia, the tetanic spasms were much more intense when the animals were exposed to light than in those that were kept in the dark. The attacks were also more frequent and violent when the animals were made to move about. On these grounds M. Renzi adopts the following plan of treatment: He keeps the patient in a perfectly dark and thickly carpeted chamber, the door of which

is only gently opened every four hours for the purpose of supplying food. The external auditory meatuses of the patient are closed with wax, and the patient recommended to keep at perfect rest. The food given consists of beef tea, eggs and wine. The medicines consist only of belladonna and ergot. By the employment of these means Renzi has succeeded in saving the lives of three out of four tetanic patients.—*Practitioner—Gazette Medicale.*

ERGOT IN DIABETES INSIPIDUS.—Prof. Da Costa, in a recent clinical lecture on diabetes insipidus (*Hospital Gazette*), prescribed ergot, in half drachm doses of the fluid extract and three times a day. He was led to do this from the favorable result following the use of this drug in two previous cases. In these cases there was at once apparent decrease in the quantity of urine passed daily. The remedy was increased to two drachm doses, and the urine fell from ten pints to six pints, and finally to three.

INHALATION OF SALICYLIC ACID IN WHOOPING COUGH.—Believing whooping cough to be due to the presence of a vegetable parasite, R. Otto employed inhalation of a two per cent. solution of salicylic acid in an epidemic of the disease, with the effect of rapidly diminishing the frequency of the paroxysms. The best results were in children who were kept in rooms of equable temperature. The treatment was commenced with the onset of the convulsive stage. It was tried in seven cases only, but the uniform improvement in these cases would seem to justify, if not demand, a further trial of the remedy.

ŒNOTHERA BIENNIS IN MUCOUS INFLAMMATIONS.—Œnothera Biennis, or Evening Primrose, which is indigenous to nearly all parts of the United States, possesses valuable properties as a mild sedative and alterative in many diseased conditions of mucous surfaces, especially the gastric, intestinal, and vesical. It is useful in some forms of dyspepsia, particularly those accompanied by an irritable state of the stomach and of the bladder, as indicated by frequent vomiting and micturition. Having prescribed the remedy for eight years, I have been able to carefully note its effects, and am convinced it will be an important addition to our list of medicines.

Dr. N. S. Davis, of Chicago, has recently found valuable results from this remedy (*Quarterly Abstract of Medical Science*, February, 1877). He says: "From my own clinical observations I am inclined to regard it as a mild but efficient sedative to nervous sensibility, acting more especially on the pneumogastric nerve."

Its chief value, I believe, will be found in typhoid fever, to the treatment of which it is peculiarly adapted by its soothing action upon the intestinal mucous surface. I am convinced that it essentially modifies the inflammatory condition which precedes ulceration of Peyer's patches, and that its use may frequently prevent ulceration. The usual dose in typhoid fever is from fifteen to thirty drops every three hours. There is no danger of an overdose, and I have known a tablespoonful of the fluid extract to be given every two hours, by mistake, till two ounces had been taken. In that case it seemed to revive the patient, after the manner of a stimulant, and I am not sure that it might not be advantageously given in large doses in some cases. The fluid extract of œnothera is not incompatible in mixtures with any other medicine. Its flavor resembles that of cold tea, and it is acceptable to any condition of the stomach. It appears to be well worthy the attention of the profession, and the writer would be pleased to learn the results of its use in the hands of other practioners. —*James F. Sullivan, in Pacific Med. and Surg. Journal.*

SPRUDEL SALTS IN THE TREATMENT OF GALL STONES.—Dr. Goldsmith, of Rutland, Vermont, has studied the action of these salts, both at the Springs Carlsbad, Bohemia, from which they are obtained, and at home. The Sprudel is the name of the largest and hottest spring, and is the one which is most frequently used. He asserts that if patients will only submit at home to the regimen which is exacted at the springs, the salts are just as efficacious here as at Carlsbad, though the very mention of this will enrage the true Carlsbader. Eighteen grains of the natural (not the artificial) salts are dissolved in three glasses of hot water and drank *slowly* by sipping while walking, if possible, at intervals of fifteen minutes, the last glass being taken half an hour before breakfast. If taken too cold the water purges. If, on the other hand, too hot, it produces a sensation of fulness of the head and even headache. If either of these results follow the temperature must be changed or a smaller quantity taken. In enlarged liver the diet need not be restricted, but in gall stones it must be absolute or very carefully restricted. It is gratifying to know that the natural salts can now be obtained in this country, for their efficiency in the treatment of gall stones and affections of the liver generally has long been established.

Inequalities in the Lengths of the Lower Limbs Before and After Fracture of the Femur.—Dr. Jarvis S. Wight, of Brooklyn, having made the statement (*Proc. King's Co. Med. Society*) that nearly every person has naturally a shorter limb on one side than on the other, and that often, after fracture, we find apparent shortening where there is in reality none whatever, the fracture having taken place in the already short limb, he is taken to task by Prof. Frank H. Hamilton, who denies the correctness of the assertion. Dr. Wight, in the January number of the above journal, returns to the charge, and backs up his statement with an array of measurements made of the lower limbs of healthy individuals which is very convincing. Of forty-two measurements made, there were but thirteen in which the normal limbs were of equal length. In twenty cases the left lower limb was the longer and in nine the right. This difference ranged from an eighth of an inch to three-quarters of an inch. These measurements revealed also the fact that there is a difference between the external and the internal measurements—the under edge of the anterior superior spinous process of the ilium, at the insertion of the tensor vaginæ femoris, being the point of departure above, and the line being run to the external and internal malleoli respectively.

It is but just to Prof. Hamilton to add that he has since written Dr. Wight a characteristic letter in which he apologizes for his hasty denial of his (Dr. W.'s) statement, and that he now, after a series of careful measurements, admits the correctness of Dr. Wight's position, and compliments him on his really valuable discovery, the importance of which, in its medico-legal bearings, is at once manifest.

Acetate of Lead in Large Doses in Postpartum and Other Hæmorrhages.—At the late meeting of the Canada Medical Association the venerable Dr. Workman, in a short paper, extolled the use of sub-acetate of lead in *large doses* as almost specific in postpartum hæmorrhage. Its use in this manner was accidentally discovered by his preceptor, the late Dr. Stephenson, nearly fifty years ago. A patient with varicocele was given two packages, one containing two drachms of the sugar of lead, and the other epsom salts, with instructions to apply the former locally and to take the latter internally. He by mistake, however, reversed this order, and took the whole two drachms of lead at one dose, with no untoward result, and the disappearance of the varicocele. Being a man of sharp perception and rapid conclusion, Dr. Stephenson, being about soon to confine a lady whose two previous confinements had well nigh proved fatal from flooding, he determined, should the hæmorrhage recur at this confinement, to have recourse to the lead. The result was highly satisfactory, and, although he attended her in subsequent confinements, the administration of the acetate averted all trouble. Shortly after he was called to a formidable case of hæmoptysis, in which the attending physician had fruitlessly administered all the orthodox remedies. He suggested the large dose of the acetate, but, as none of his colleagues, the physicians of the hospital staff, who had been called in consultation, would consent to the administration of such an "irritant poison," he took upon himself the sole responsibility, and gave it, several drachms in the course of a few hours, to the entire relief of the patient. In its pure state, Dr. Workman never saw any ill effects to follow drachm doses of the acetate of lead. Carbonate of lead is the most common adulterant, but when given in solution, this, being insoluble and heavy, falls to the bottom of the solution, and can thus be avoided. He has given as high as six drachms within twelve hours in a case of severe hæmoptysis, to the relief of the bleeding, and with no bad effects. It is very speedy in its action, and Dr. W. "does not believe we have in all our materia medica, a more prompt or potent promoter of uterine muscular contraction." "Why, in the name of heaven, we should deluge a poor, shivering woman with pailfuls of iced water, or inject into the uterus such irritants as the tincture of chloride of iron, when we have at command so harmless and efficient a suppressor of hæmorrhage as the acetate of lead, is quite beyond my comprehension." In large doses it acts as a moderate purgative in twenty-four hours.—*Canada Lancet.*

In this connection we would state that Dr. Hamilton E. Smith, of this city, at the last meeting of the Detroit Medical and Library Association reported a case of threatened abortion with alarming hæmorrhage in which he had administered various internal remedies to no purpose. On his way from the patient's residence to his office, where he was going for his speculum, with a view to applying the tampon, he met Dr. Mulheron, to whom he mentioned the case, and who requested him to try the large doses of the acetate of lead before resorting to other measures. He did so, with some misgivings, however, but was gratified to find that the first dose of a drachm brought on tonic contraction of the uterus and a complete stoppage of the flow.—Ed.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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EDITORIAL.

THAT STRICTURE CASE.

A mass of correspondence and a number of affidavits, all growing out of the report of the case of urethral stricture by Prof. Maclean in the first number of the NEWS, are before us. As impartial journalists and with a desire to respect the feelings of all immediately concerned in this controversy, we have been considerably perplexed in deciding what disposition to make of this matter. We recognize it as our duty to deal fairly with the contestants as between man and man, irrespective of our individual predilections. We have, however, another duty, and one which we consider paramount, and that is to our readers, whom, we are advised, have had as much of this unprofitable discussion as is palatable. As long as the discussion was confined to its scientific aspects we were much interested, and so doubtless were our readers, but when personalities came to be indulged in, this interest waned. We have decided, therefore, to give a brief *resumé* of the case and a synopsis of the documents before us, and then to banish the matter from our columns. We can do this without injustice to any, for each party has had his say on each of the questions raised. In reporting the case, Prof. Maclean animadverted on Prof. Gilchrist's treatment. It was Prof. G.'s privilege to reply to any charge of incompetency, and this privilege was accorded him. He, however, in his reply does not confine himself to this, but charges Prof. M. with certain unethical conduct, and here it is that the personalities begin. Prof. M. meets these charges by adducing an affidavit from the patient, Sheriff, which denies very flatly Prof. G.'s charges, and as he raises no new question, this is a good place to stop.

In justice to Prof. Gilchrist, however, we would state that we have in our possession another affidavit from the patient, which, if it proves what he (Prof. G.) would have it prove, at the same time proves Sheriff to have perjured himself. Such a charge would be a most serious one, and, before deciding whether or not to publish the latter affidavit, we considered it our duty to see whether these two affidavits could not be reconciled. A little explanation brings about this reconciliation. Sheriff, in his first affidavit, swears that Prof. Maclean did not see him before Prof. Gilchrist had discharged him. In his second affidavit, he swears that Prof. Maclean saw him during his first visit to Ann Arbor, and, if he was Prof. G.'s patient until his second visit, there is here a contradiction. The patient, however, states that he met Prof. M. at the hospital door and as he was about to enter the conveyance which was to take him to the depot, and that he considered himself dismissed by Prof. G., the statement of the latter that this dismissal was but temporary, to the contrary notwithstanding.

Prof. Gilchrist in a letter before us, calls attention to the fact that Sheriff's first affidavit was drawn up by a physician. We would remark, however, that dwellers in glass houses should not throw stones, for the second affidavit before us was drawn up by another physician, Barber by name, who himself unblushingly swears that he visited Sheriff and examined him after he had been operated on by Prof. Maclean, after the case was reported, and while the patient was still under Prof. M.'s care. We would advise Prof. Gilchrist in the future to ask no aid from an individual who can make affidavit to having resorted to a procedur of such questionable ethical propriety.

The *status quo* of the discussion is, we think, above pretty clearly indicated. and if the gentlemen are not satisfied they must go outside of our columns to fight it out.

We are happy to be able to report at the close of the first three months of the existence

of the NEWS that it is already on a paying basis. This success is unprecedented in the history of medical journalism in Michigan, and perhaps also in any other State. The *paid-up* subscription list of the NEWS already numbers more names by nearly a hundred per cent. than have appeared on the paid-up list of any journal published in Michigan during the past ten years. We cannot speak advisedly of journalism prior to that date, but presume the comparison of lists would exhibit no material difference in the proportion. This success proves the necessity of a journal of this kind. We shall endeavor to deserve a continuance of the patronage thus far so liberally extended us by the profession not only of Michigan, but of the neighboring States, and which has so much encouraged us.

The following have remitted since our last:

B. H. Lawson, Edward Clarke, F. J. Pommier, G. Mantingh, T. H. Weirich, G. W. King, D. W. Flora, John Georg, Orrin Fowle, Wm. Caldwell, D. G. Gleason, T. J. Maxwell, Thos. H. Briggs, J. W. Falley, Thos. Eagleson, E. B. Wright, J. L. Valade, Henry M. Hurd, Geo. A. Robertson, C. M. Stockwell, L. J. Hutchinson, J. B. Mattison, Samuel Bell, C. S. Cutler, J. W. Stewart, A. R. Taylor. Wm. Armstrong, L. Morehouse, J. J. Peret & Co., C. S. Pixley, Henry H. Sloan, R. W. Bower, R. R. Deshiel, A. J. Leslie, J. B. Lyman, Patton & Hood, Chas. Haffenreffer, M. L. Saunders, T. W. Evans, W. E. Tarbell, J. F. Wilson, C. H. Small.

ORIGINAL ARTICLES.

PUERPERAL CONVULSIONS.—WITH A CASE.

By W. A. NEAL, M. D.

Oct. 1st, 1877, 10 P. M., called to see Mary B., primapara full term, age 16. I could see but few signs of immediate labor; she complained of severe pain in the head, pulse was slow and full, limbs swollen, with œdema and puffiness of the eyelids and face. I went home, was called again, her mother saying she had vomited, after which she acted queerly, her right hand jerking, was unable to control her limbs, and that they could not make her understand anything. Succeeded in getting her on the bed, when she vomited again and immediately went into a very severe convulsion, with all the usual contortion of features, lividity, apparent asphyxia, spasmodic action, etc. The paroxysm lasted about three minutes, after which she was comatose with stertorous breathing from 5 to 10 minutes, then lay quiet and insensible until the next convulsion. On examination found the os dilated to the size of a quarter dollar, lax and further dilatable, but no signs of uterine action. Had a clothes-pin held between her teeth to prevent laceration of tongue, administered chloroform and proceeded to dilate by digital manipulation, one convulsion rapidly following another, the girl remaining entirely unconscious between them; the chloroform was kept up, though it seemed to have no effect in controlling them; she could not swallow though she vomited occasionally. I finally sufficiently dilated the cervix to introduce the blades of the forceps (Bedford's) and apply them to the child's head above the brim, when after probably twenty minutes' cautious and intermitting traction, I delivered a healthy female child, just one hour after the first convulsion. Previous to the application of the forceps I did not notice any expulsive effort, and only slightly twice while delivering. About a half hour after delivery she had another convulsion; gave bromide of potassium which was rejected as was everything taken; the paroxysms continued to recur about every hour and a half. At 9 A. M. tried chloroform again giving it just before a convulsion was expected, and for a time thought I was going to keep them off, and did for an hour or so, when she had a severe one. At 11 A. M. called in Dr. B. C. Smith, of Galien, as I proposed bleeding, which operation, owing to the infiltration of the limbs, presented difficulties. At 11.30 took 16 oz. from the arm which was followed in a few minutes by a very severe convulsion, and another in half an hour; gave 20 gr. doses of bromide of potassium hourly and a hypodermic injection of $\frac{1}{8}$ gr. of morphine. After the abstraction of blood I had no further trouble with the stomach, but the convulsions continued to recur about every half hour for four hours, or until the system was brought under the influence of the bromide; and right here is the peculiarity of the case: the bleeding did not control the fits, but rather increased them, though it *did* control the stomach and start absorption, (was it by relieving the distended vessels, thus giving room for absorption?) enabling the system to be brought under the influence of the bromide. The œdema rapidly subsided as soon as the convulsions were stopped. The girl required no further treatment and was up in 9 or 10 days.

The study of puerperal convulsions is unsatisfactory and contradictory, but certain conclusions have been arrived at concerning their origin and cause. Convulsions are either centric or eccentric. A determination of blood to the head may produce coma, but is not the cause of convulsions; but loss of blood with stoppage of the circulation of the brain will produce them. The whole motor nervous tract is involved in the production of convulsions, other portions of the brain are not, and they are consequent to the abstraction of nutrition in the motor portion.

Anæmia predisposes to convulsions, and anæmia is produced by albuminaria, which is connected with dropsy, in which conditions the blood is deprived of its nutrient elements and becomes hydropic. The constitution of the urine corresponds with the constitution of the blood, the amount of urea in it is in proportion with that formed in the blood; neither urea or carbonate of ammonia in the blood are a cause of convulsions, nor yet is carbonic acid or venous blood. Albuminuria is to be regarded in the same category of diseases as hæmorrhage; the loss of albumen from the blood is a hæmorrhage. From the constitution of the blood in pregnancy, especially when its hydropic condition is increased by albuminuria, there is a special proneness to convulsive attacks, which has been called convulsibility. This depends on altered nutrition in the nervous centers, and a constitutional aptitude of the nervous system of the individual, which may or may not be called into activity. The mechanism of convulsions involves a suspension of the heart's action, and this syncope occurs through the instrumentality of reflex action, by shock, or by the loss of blood. The order of convulsive movements is from above downwards; first syncope and loss of consciousness; second, convulsions beginning in the eyes and face, then the larynx, throat, chest and extremities; third, when laryngismus is complete asphyxia is produced and the convulsion is suspended by coma, caused by the impediment to the respiration, the blood becomes completely venous in the lungs and circulation, and it with the pressure induced by the impeded respiration, terminates the attack by a species of narcotism, which thus forms a self-limit to the convulsion. An analogy has been traced between epilepsy and puerperal convulsions. Trousseau says they are exactly alike, for in all conuulsive attacks, whether from hæmorrhage, the parturient in connection with albuminuria, or epilepsy, there exists an underlying condition of the system which is especially conducive to their occurrence, and which may be brought into operation at any moment when an exciting cause arises as a sufficient disturbance of the motor tract, directly, or indirectly through reflex action, which in the parturient is apt to be from anæmia of the brain either in the quality or quantity of the blood irrespective of pressure. The plethora of a parturient woman comes from a superabundance of the aqueous elements of the blood and its obstructed circulation.

There appears to be an uncertainty as to when convulsions are going to occur; we will have a train of symptoms seeming to indicate an attack, but which ends without one, and many times the convulsions appear suddenly without any previous symptoms; so with treatment, yet there are a few leading modes of management based on the foregoing that may be mentioned. The first and true remedy is to evacuate the uterus, when this is possible; chloroform, in the hysteric or nervous and excitable forms, as it renders the system less susceptible to the exciting cause. Bleeding is only beneficial in diminishing the absolute amount of the weakened blood when there is an excessive distension of the vessels of the brain, and is chiefly useful in relieving the secondary effects or coma from pressure following the convulsion; it is objectionable in so far as it retards convalescence, and it sometimes increases the violence of the paroxysms.

The bromides have superior claims as curative agents in puerperal convulsions to any others, though I would not entirely discard bloodletting and chloroform, but where there was ability to swallow, and the stomach would tolerate and absorb it, I would use bromide of potassium from the first, because it has been proved; its known physiological action is sedation to the motor system, followed by a general nervous sedation. It acts by a stimulation of the motor nerves and causes a decrease of blood in the capillaries of the brain and spinal cord, and consequently in the peripheral extremities of the nerves of sensation; this in conjunction with the *lessened* sensibility of the nervous centres, causes diminution of reflex action. It also allays excitement, reflex irritability, and reflex activity, and all morbid conditions dependent on the over excitability of these reflex functions are wonderfully controlled by it. The drug does not act during a paroxysm, but in the vascular engorgement due to the arrest of respiration, it restores tone and diminishes the tendency to spasms. The restoration of tone improves the nutrition of the centres. It is the quickly moving, well aerated blood coursing through the elastic channels, not the dark half stagnant fluid in lifeless bags that makes healthy growth and action.

DAYTON, Mich.

UNIVERSITY CLINIQUE.

CASE OF MUSCULAR ASTHENOPIA, reported by A. M. REID, Clerk of Ophthalmic Clinique.

Miss B. O., from Parkville, St. Joe County, Mich., entered hospital October 3d, 1877, having suffered for over two years with asthenopia, complaining of the following symptoms: Distant vision gave very little pain, but on attempting to read or sew, symptoms of pain soon commenced, followed with redness of the eyes, frontal headache,

and indistinct vision. On laying aside the work or reading, the painful sensations would subside, and the work could be again resumed, but the above symptoms of asthenopia would again return, and at a shorter interval than before. Finally pain would return immediately on resumption of the work, double vision would occur, and she would have to lay her work or reading aside, the pain continuing for some time, and if frequent efforts were made to use the eyes, some degree of pain and intolerance of light were experienced continually. Examination showed vision perfect in left eye, and refraction normal. Right eye myopic=1-6; vision=1-2. Internal rectus of right eye could overcome a prism of only 12 degrees. Ophthalmoscopic examination showed no active inflammation.

Diagnosis. Myopia and insufficiency of right internal rectus. Prof. F. remarked that this case illustrated a most important affection—one which was often overlooked, and led to the most disastrous consequences. Not long ago there was reported in the English journals a case of a young man similarly affected, whose headaches, due really to asthenopia, were attributed to serious nervous disease, and by advice of several eminent physicians he gave up business, broke off a marriage engagement, and engaged in travel for the restoration of his health. After a long journey, and following all the other directions of his physicians, he returned no better than at first. He then consulted an occulist, who made a correct diagnosis, applied the proper remedies, and speedily relieved the patient. In some of these cases the refraction of both eyes is normal and vision perfect, and does not become affected until after very prolonged abuse by efforts to use them without relief of the muscular deficiency. In cases like the one before you, defective vision more quickly results and more rapidly progresses to the destruction of useful vision. You have seen by this examination that already the vision of the right eye is reduced to one-half the normal amount and the myopia is approaching a high degree. The effect of the continuation of this disease with the attempts to produce proper convergence for near vision would be to rapidly increase the myopia through internal inflammations, producing posterior staphyloma, and with each step in the progress of the myopia, the amblyopia, or deficiency of vision, would correspondingly increase, leading to irremediable loss of the use of this eye. How much of the present myopia and amblyopia may be due to this cause it is impossible now to determine, no proper examination having been made previous to the asthenopic symptoms. We have not time in the crowded state of this clinique to enter into an exhaustive consideration of the subject of asthenopia. I have already described to you the different forms of this disease, have shown you the means for their diagnosis and stated the general methods adopted for their relief. I will simply say that while many cases may be successfully treated by proper gymnastic exercise, as I have demonstrated in the last few years by numerous cases, the only mode that offers sufficiently prompt and certain relief for cases like the present consists in division of the external rectus of the eye affected. Patient being placed under chloroform, tenotomy was performed.

October 6th, patient doing well.

October 10th, wound nearly healed, proper glasses were fitted for distance and for reading, and patient left hospital with directions to give the eyes a period of rest and then to resume their use at intervals, gradually increasing, according to Dyer's method.

November 16th, patient writes that she can use her eyes with satisfaction and double vision has disappeared.

December 5th, patient appeared at clinique, can readily overcome a prism of 20 degrees placed before the right eye with base outward, and can now use her eyes for a long while without pain.

PASSAGE OF URINE THROUGH PERVIOUS URACHUS FOUR DAYS AFTER BIRTH.

Reported by Louis H. Wurtz, M. D.

On December 15th, 1877, I was called to attend Mrs. M. in labor with her first child. Mrs. M. thought it not quite time, "lacking three or four weeks yet."

After a rather tedious labor, she gave birth, the same day, to a boy, weighing some five or six pounds. On December 17th, two days after birth, the nurse, an old and experienced lady, called my attention to the child's condition, saying: "the child has not passed urine yet." On close examination and inspection of the breechcloth, I could not find the least stain of anything upon it; the cloth about the genitals being perfectly clean, having been there over twenty-four hours then; neither could I discover retention or suppression of urine; in fact the child's condition appeared healthy and normal in every other respect. On a careful and thorough examination then, and the two following days, of the cloth about the umbilicus, I found what I considered urine stains to quite an extent; this led me to suppose that the urine escaped through the pervious urachus.

The next two days confirmed my suspicion; the cloth about the genitals was not the least stained on Dec. 18th and 19th, while the cloth about the umbilicus was stained with urine, the same as observed on the first day.

On Dec. 20th the first passage of urine, through the natural passage, took place. The child has been quite healthy ever since.

I report the peculiarity of this case because I think it a rare one.

COLDWATER, Mich.

BROMINE AS AN DISINFECTANT IN SMALL POX.

By H. S. TAFT, M. D.

In December 1863 I was Inspector of Hospitals at Louisville, Ky., and having received orders to make as much hospital accommodations as possible in anticipation of a battle beyond Nashville, Tenn., I sent the patients in the small pox hospital to the city pest house, and had the hospital thoroughly cleansed. Among the bedding were five pairs of blankets that appeared clean, although they been used on the small-pox patients. I hung these blankets on lines in one of the rooms and fumigated them with bromine for one week, renewing the bromine daily. I then took them down and put them on beds, and they were treated the same as other blankets. I inspected the hospital for four months every week and no cases of small pox occurred there.

In November and December 1872 and January 1873 I attended twenty-two cases of small pox and varioloid. During my visits on these patients I invariably wore my overcoat. On going to my office I hung my clothes in a small room off the office and fumigated them with bromine, and the overcoat hung there for nearly or quite a year, when I gave it to a poor man to wear, and it is now being worn by his son, and no one has taken small pox from it.

From these two tests I conclude that bromine will destroy the poison of small pox.

MARQUETTE, Mich.

A CASE OF INVAGINATION OF THE INTESTINE (?).

Reported by DR. I. W. BADGER.

December 5th, 1877, I was called to see Geo. S., aet. 24, a man of robust habit. He suffered from pain referred to a point half way between the superior spinous process of the right ilium and the median line. On examination I found a tumor, hard to the touch and which could be covered by a coffee cup. The pain which was at first sharp and lancinating, was now dull and heavy. The abdomen was soft, but somewhat distended. Urine high colored. Tongue slightly coated. Nausea but *no vomiting*. Dr. Hepburn had been in attendance and had diagnosed intussusception, and in addition to the administration of morphine and hot fomentations had enjoined strict quiet. This allayed the suffering somewhat for a time, but it had returned before I saw the patient. I at once gave a large enema of warm water, pushing it until the patient expressed a fear that he would "burst." The discharge of the water was followed by comparative ease and quiet. I gave him grain doses of opium every three hours and ordering the fomentations to be continued left him for the night.

6th. Patient had rested well through the night. Pulse 88. Urine high colored and scanty. Pain and hardness in the tumor still present. Ordered the opium and hot fomentations continued and gave potas. nit. as a diuretic.

7th. Saw patient in conjunction with Dr. Hepburn. Pains for the six hours preceding had been excessive. Pulse 84. Abdomen more distended. Dorsal decubitus with thighs flexed. Severe nausea, but still no vomiting. Urine normal in color and amount. An enema brought away some feces with a strong odor. Continued the opium and ordered lime-water in drachm doses to relieve nausea.

8th. Pulse 80. Tumor somewhat softer. Nausea somewhat relieved. Ordered treatment continued with the addition of 3 grain doses of sulphate of cinchonidia every four hours. For nourishment ordered enemata of milk and beef essence. At three o'clock on this day the patient commenced to discharge gas from the bowel and continued to do so until three o'clock on the 9th—the thirteenth day of illness—when he had a copious discharge of soft yellow feces, said by the nurse to amount to nearly a gallon. Dr. Hepburn, who examined the discharge with a view to discovering any intestine which might have been thrown off, failed to detect any. The following night he had several other large evacuations, which were followed by complete cessation of pain and a return to health.

BIG RAPIDS, Mich.

NOTE.—It would seem to us that if our correspondent had reported this interesting case as one of "Impaction of feces," his nosology would have been less objectionable.—EDITOR.

MAXIMS OF SUCCESS.—1. Never look surprised at anything. 2. Before stating your opinion of a case, on your second visit ascertain whether your previous directions have been complied with. 3. Never ask the same question twice.—*Dr. James Syme.*

BOOK NOTICES.

MODERN SURGIGAL THERAPEUTICS.—*A Compendium of Current Formulæ, Approved Dressings and Specific Methods for the Treatment of Surgical Diseases and Injuries.* By GEORGE H. NAPHEYS, A. M., M. D., etc. Philadelphia: D. G. BRINTON.

This admirable compendium is the natural and fitting companion to "Medical Therapeutics" by the same author and published some time ago. Those who have the latter work will secure the present one, and the library of those who have neither will not be complete without both. This is an eminently practical work and though not a mere compilation is largely composed of the valuable recipes and prescriptions, which have been recorded by physicians throughout the country, whose age and experience fit them to speak with authority. Opinions may differ as to the value and scientific accuracy of such works, but of this all are assured, that in actual every day work their practical utility demonstrates itself, and there are few who may not at times find the formula and therapeutic directions of another in good stead.

MISCELLANY.

Of all the grotesque customs in connection with confining women, the following, as reported by a correspondent to the London *Lancet*, deserves the palm. It is said to be *à la mode* in Yorkshire: The patient is confined with her clothes on, *all* her clothes (except perhaps her bonnet and shawl)—boots, stockings, drawers, petticoats, stays, and the rest. If labor happens to set in when the woman is undressed in bed, the first rush on the part of herself and friends is to get her clothes on. She then usually lies down on the under-mattress, the over-mattress or bed being turned over out of the way, and the labor goes on to its termination. When the placenta comes away, the woman, without any further delay, is "got into bed" as it is called. The process consists in her getting up and standing on the floor, or sitting in a chair, while her clothes are taken off, a clean night dress put on, and the bed made, when she mounts into it, as if nothing particular had occurred.

The dangers of inflammable volatile liquids were illustrated recently at Lyons, France, at any operation requiring the use of actual cautery. Anæsthesia was produced by ether, the vapor of which became ignited by the hot iron. The patient, a young lady, was badly burned about the face and was mutilated for life. The use of chloroform would obviate such an accident.

THE URINE IN ENLARGED SPLEEN.—In a case of enlarged spleen—a patient in the University Hospital—Dr. V. C. Vaughan, instructor in Physiological Chemistry, found the deposit in the urine to consist of urates, free uric acid, and *xanthine*. The average amount of uric acid daily excreted was 23.5 grains, nearly six times the normal quantity. The urea was proportionally diminished. In the blood taken, by means of a hypodermic syringe, directly from the spleen two hours after a full meal, the number of white blood corpuscles was to the red as one to fifteen, while in health, as is well known, the proportion varys from one in two hundred to one in three hundred. In this connection it may be added that excision of the spleen, according to Prof. Schiff, has no prolonged influence on the absolute or relative quantity of either the white or red corpuscles. What, then, is the true relation of this organ to the white corpuscle? E. S. D.

DR. ALBERT ELY LEETE died at his residence, in Romeo, Mich., on Sunday, February 24, of pneumonia. Dr. Leete was a student of Professors March and Tully, of Albany, in 1825–6, they being in partnership at that time. He received his diploma for the practice of medicine from the Western College of Physicians and Surgeons of New York in 1826. He was one of the oldest, if not the oldest, practitioners in the State, coming to the Territory of Michigan in 1835, and settling in what was then Lapeer County, not far from Romeo, where he lived continually until the time of his death. He has always occupied a place in the front rank of the profession and taken an active and influential part as a citizen in the community in which he lived. He died surrounded by his family, consisting of his wife and several children. His genial, honest way greatly endeared him to his brothers in the profession. Especially was he kind and considerate in his intercourse with the younger members of the fraternity. His loss will be deeply felt by all who knew him, either in or out of the profession, and a hearty sympathy is extended to the members of the bereaved family. Dr. Leete, had he lived, would have been 76 years of age in July next. His funeral was largely attended not only by his immediate acquaintances, but by the profession and friends from different parts of the State.

At a meeting of the St. Clair, Sanilac and Lapeer County Medical Society held in Port Huron on February 28, appropriate remarks were made by several members, expressing the highest regard for the deceased and the sorrow that each one personally felt, and a committee was appointed, consisting of Drs.

Stockwell, of Port Huron; Jones, of Imlay City, and Northrop, of Port Huron, to draft resolutions expressive of the society's respect and esteem for the departed and its warmest sympathy for the afflicted family. Dr. Stockwell related numerous reminiscences of Dr. Leete's life, showing the quaint humor and native frankness of the man and the rectitude and skill of the physician. "*Requiescat in pace.*" H. R. M.

THE DIAGNOSTIC VALUE OF THE OVARIAN CELL.—Prof. I. N. Danforth, of Rush Medical College, says (*Boston Med. and Surg. Jour., February* 7, '78) that the so-called ovarian cell, first described by Dr. S. M. Drysdale, of Philadelphia, cannot be regarded as an infallible evidence of an ovarian cyst, as claimed by Drs. Drysdale and Atlee. In proof of this, he reports a case where the cells were found in abundance and perfectly well developed, yet on operation by Dr. A. Reeves Jackson, the tumor turned out to be a kidney in an advanced stage of cystic degeneration. On pathological grounds Prof. D. is unable "to see *why* a diseased ovary should be endowed with the power of producing a cell unlike any other cell produced by organs of similar origin and structure, and unless such a power be granted the granular ovarian cell cannot be regarded as diagnostic." The origin of these large granular cells must be traced to the epithetial cells that line the Graafian follicles, or, as Peaslee more correctly calls them, vesicles. Now, the uriniferous tubules of the kidneys are lined by the same kind of epithelium, and hence both are subject to the same laws of growth and development and under similar pathological conditions to the same laws of degeneration and decay. Hence, as there are no other organs of similar structure, "it is probably safe to say that the 'granular ovarian cell' is certainly diagnostic of either a cystic kidney or a cystic ovary." In all cases of true ovarian cysts this peculiar granular corpuscle will probably be found on minute examination, of the contained fluid; but the notable exception to Drysdale's claim just made, compels a certain reserve in our diagnosis, and only confirms the opinion stated some years since by Dr. Peaslee, that further observation is necessary to determine the precise diagnostic value of these corpuscles. E. S. D.

TEST FOR MILK.—The following test for watered milk is said to be reliable, and certainly its simplicity commends it: Dip a well polished knitting needle into the suspected fluid and withdraw it immediately in a perpendicular position. Should the sample contain no water, some of the fluid will cling to the needle; should water be present, however, even in a very small quantity this adhesiveness will be lost and the needle will be withdrawn clear.

PARAGRAPHS.

Lycopodium gets credit in the encyclopœdia of pure materia medica (homœopathic) for producing no less than 3,115 symptoms.

The telephone having lately been made use of in auscultation, and with success, our specialists in physical diagnosis will doubtless soon have the enterprize to establish telephonic communication with different sections of the country. The advantages of such an arrangement will suggest themselves.

Gurgon oil is now recommended as a substitute for copaiba in gonorrhœa. It is given in twenty minim doses three times a day. It produces no eruption, acts more promptly than copaiba and does not taint the breath.

A solution of nitrate or chloride of cobalt or chloride of copper mixed with a little gum and sugar produces a "magic ink" which is visible by heat. "Postal card ink" suggests itself is an appropriate name for such an ink.

The College of Physicians of Philadelphia have abolished their *Fee Bill.* Practically the fee bill is usually evaded and disregarded. The Philadelphia society, recognizing these manifest and undeniable facts, have cut the Gordian knot. It has repudiated the whole concern.—*R. and L. Med. Jour.*

Dr. James Blundell, the celebrated accoucheur, died at his residence in Picadilly, London, on January 15, aged 87 years.

A damaging explosion occurred recently of a mixture of nitro-muriatic acid with tincture of cardamom. Nitro-muriatic acid should never be prescribed in combination with any thing else.

Hydrate of chloral has been placed on the Poison Schedule in England. This makes it unlawful for anyone to sell the article unless the package containing it be distinctly labeled "Poison," and unless the name of the buyer and seller are both recorded.

A recent number of *Wiener Med. Presse* contains a report of a woman who gave birth to five children at one confinement. The first was still-born, but the other four were delivered alive and lived several minutes. There were five placentæ, four of which came away and one remained and was absorbed.

Dr. Fleetwood Churchill, the distinguished author and lecturer on midwifery in the University of Dublin, is dead.

Nitrate of ammonia one part dissolved in five of distilled water, and applied to the body in a bladder is said to be an efficient substitute for ice in reducing body-heat.

The examinations in the various medical schools of the country are about over and many a youthful heart divided between hope and fear is at rest or in despair. Now, too, is the muse sore pressed for valedictory addresses, and much science and sentiment is re-warmed for the approaching commencement. Will they be truthful? Nay, the fates which preside over medical schools are too polite for that. "Go forth and conquer" will be the text for all. None will dare to say, "Make the best of a bad bargain and quit now and here."—*Louisville Med. News.*

In a recent clinical lecture, Prof. Emmet, as reported in the *North Carolina Medical Journal*, made use of the case under consideration to point the following moral: Here was a young woman whose education had been pushed in her developing years to a high degree, to the detriment of her generative functions, so that at the first labor her "bottom literally dropped out," the uterus had not the power to perform its duty. "It is impossible to develop the brain and uterus simultaneously;" if women will have the "higher education" (as at Vassar and Wellesley) "it should not be sought at a growing age, but ought to be deferred to about the 25th year."

The Grand Rapids Medical Society elected Tuesday evening, 8th inst., the following gentleman as officers for the ensuing year: Chas. Shepard, president; S. R. Wooster, vice president; Jno. Brady, corresponding secretary; A. Platt, treasurer, and Jas. C. Woolway recording secretary. Meetings are held every Tuesday evening at the office of Dr. Shepard.

Hector Peltier, M. D., Edin, Professor of the Institutes of Medicine in the Montreal branch of the Medical Faculty of Laval University, and also of the Medical Faculty of Victoria College, Cobourg, died on the 25th o. January, aged 56 years. The Canada *Medical and Surgical Journal* pays a lengthy tribute to his worth and memory, from which we learn that he was a man of more than ordinary attainments in his profession.

At the Commencement of the University Medical College of New York city, on the 19th ult., the degree of Doctor of Medicine was conferred upon one hundred and fifty-three graduates.

Dr. Morse Stewart, of this city, will address the graduates at the Medical Commencement of the University.

Prof. Claude Bernard, of Paris, the distinguished physiologist, has died, aged, 65 years. For 23 years, and until his death, he was Professor of Experimental Physiology in the College of France.

SELECTIONS.

Cascara Sagrado in Constipation.—A correspondent writes the *Clinic:* I have found the cascara sagrado a most admirable remedy in habitual constipation, certainly superior to any article that I have ever used. I prescribe the fluid extract. A favorite prescription of mine is:

℞. Fluid extract cascara sagrado, ʒ ss.
Aq. cinnamon, ʒ iss.
Sacch. alb., ʒ ij.
M. S. Teaspoonful three times a day (before meals.)

This is agreeable to the taste, and unlike any of the remedies heretofore employed, it soon gets the bowels into a healthy state of action. Some patients find one teaspoonful of the mixture, that is about fifteen drops of the fluid extract at bedtime sufficient to overcome and correct the habit of the most obstinate constipation.

Sulphate of Copper as a Hæmatic.—We are, for the time being, content with having demonstrated that the sulphate of copper given to animals progressively from 0.05 to 1 gramme (¾ grain to 15 grains) is easily tolerated, and that generally in these doses, far from occasioning any trouble, it greatly ameliorates the state of nutrition in these animals. That sulphate of copper is a potent modificator of the nutritive functions by the increase which it produces in the phenomena of nutritive exchange, and that, for this very reason it is indicated in all the conditions of the organism in which there are weakness, atony of nutrition, and impoverishment of the sanguinary mass; that in these diseases, as also in the functional disturbances therefrom arising, medicine may derive from this remedy notable advantages, and results at least equal to those which may be obtained from other similar remedies. That the best and simplest form of administering the copper salt is in the form of pills at the commencement of or during a meal.—*Lyon Medicale*—*Canadian Jour. Med. Science.*

A simple means of intra-uterine application of Nitrate of Silver.—Prof. Pogot

(*Lyon Medicale*) says: I take a piece of laminaria about two millimetres in diameter, dip it in a very concentrated solution of gum arabic, roll it in a very fine powder of melted nitrate of silver and allow it to dry. I thus obtain an unbreakable pencil of the ordinary size, which may be carried as deeply as there can be any need, and in all directions. It is mounted on the ordinary caustic holder.—*Canadian Jour. Med. Science.*

HYPODERMIC INJECTIONS OF ETHER FOR THE CONVULSIONS OF A TEETHING INFANT.—In *La Tribune Médicale* for January 6th, 1878, is a paper by Dr. Gelle on this subject. After referring to this mode of administering medicines of various kinds, he details the following case:

An infant, aged seven and a half months, who was just cutting the lower incisor teeth, began suffering with frequent and obstinate vomiting, diarrhœa, and subsequently convulsions. During the intervals when the child was not convulsed, it was comatose, and hence it was impossible to administer remedies by the mouth, even if the vomiting had permitted it. There was high fever, and pressure on the abdomen evidently caused pain. The face was pale, and wore an expression of suffering. The pulse was quick, and respiration labored. There was evidently a subacute "catarrhal state." The convulsions were caused by the general trouble of the organism. There was also a slight pneumonia which was just developing. The chief indication was, first, to arrest the vomiting and convulsions; in the second place, to reduce the temperature by bringing on free perspiration; and finally, to lessen, as far as possible, the pulmonary trouble.

Ten drops of sulphuric ether were injected slowly in each thigh of the little patient, who seemed to feel the prick of the needles, though it paid but little attention to it.

The convulsions did not appear again after the injection—at least the only two which occurred (ten hours after) were so slight as scarcely to deserve the name. The vomiting ceased entirely, and the little patient fell asleep.

A slight pneumonia of the apex of the right lung occurred, which was followed by an obstinate bronchitis; but after some time, the child's health was entirely re-established. No local trouble occurred at the points of injection.—*Virginia Medical Monthly.*

STIBIODERMIC TREATMENT IN ACUTE ARTICULAR RHEUMATISM.—This consists in the inunction every six or eight hours of an ointment containing one part of tartar emetic in two of lard. M. Guerin states that a rapid reduction may thus be obtained of the pain experienced in the early stage of coxalgia. The cessation of the pain he attributes to a dynamic action of the remedy and not to any revulsive action. The same results were obtained in gout, when the symptoms only preluded the definite attack, three or for inunctions being sufficient to prevent the onset of the disease. When, however, the attack was fully developed, a flying blister, placed on the centre of the swelling, quickly effected its removal.

Dr. Samuel C. Busey, of Washington, (*Am. Jour. Med. Sciences*) sets forth the utility of potassium bromide in the treatment of the uncontrollable vomiting of pregnancy. He details several cases in which all the usual remedies, including oxalate of cerium, small doses of calomel, effervescing nitrate of cerium, iced champagne, etc., had been tried to no purpose, but which readily yielded to the bromide. His method of administering it is in the form of an enema—drachm doses in two tablespoonfuls of beef tea every four hours. Brandy or laudanum may be added or not according to indications. His treatment, as Dr. Busey suggests, is not original with him. Dr. Girabette introduced it, giving increasing doses from 92 grains the first day to 8 grammes (120 grains) the second, and 10 grammes (150 grains) the third day in a case which came under his care.

JABORANDI IN A CASE OF ALBUMINURIA DURING PREGNANCY.—Mr. Langlet, of Reims, in the *Union Medicale et Scientifique du Nord-Est*, No. 6, reports the case of a woman in the third month of pregnancy, who for six weeks had suffered from œdema of the legs, great oppression, cephalalgia, vomiting, etc. The urine was very scanty and loaded with albumen, and was uninfluenced by the usual diuretics. From the first day of the administration of jaborandi, there were salivation, very little perspiration, but, as a counter-balance, an increase in the quantity of urine voided, which continued for some subsequent days. The patient took jaborandi for sixteen days, and during that time the œdema was re-absorbed, the albumen decreased, the general symptoms improved, and there was eventually a favorable delivery, with a healthy child.—*Med. and Surg. Reporter.*

DILATATION OF THE URETHRA BY THE URINE.—In the *Bulletin de Therapeutique* Dr. Berenger-Feraud recurs to this mode of

treating stricture, which he had already advocated on former occasions. Originally devised by Brunninghausen, in 1794, it fell into disuse after some successes had been obtained. Dr. Berenger-Feraud has persevered in giving it a full trial, and regards it, in suitable cases, as a valuable procedure. It consists in compression being exerted by the patient just behind the glans each time before he passes urine, so that none issue until the canal has undergone dilatation by its presence in it. The practice is to be perseveringly repeated, and then, as numerous cases show, may prove efficacious. From the trials that have been made it results: 1. That dilatation so produced, performed after a gonorrhœa of some duration, may act as a prophylactic of stricture. 2. In stricture that has not advanced very far, if it do not restore the calibre of the urethra to its normal dimensions, it does so sufficiently to render micturition easy. 3. After urethrotomy it is a useful means, if not of preventing, at least of retarding, the return of the stricture. 4. It may prove of some service in varices of the prostate, neck of the bladder, and membranous part of the urethra. 5. Another class of cases benefited arises when the course of the urethra more or less deviates from its normal direction in consequence of enlarged prostate in aged persons. The small quantity first ejected from the bladder, if retained a while in the urethra by compression, greatly facilitates the evacuation of the remainder.—*Med. and Surg. Reporter.*

Piles and Carbolic Acid Injections in their Treatment.—Prof. A. Cook (*American Medical Bi-Weekly*) discusses the radical cure of hæmorrhoids, and of the means employed he gives the preference to injections of carbolic acid. He cites several cases in which he employed this agent, one of which, however, will be sufficient to illustrate the modus operandi: Mrs.—— had piles for ten years. They were both internal and external, and had caused much suffering for months. Laxatives, unguents, suppositories, etc., which at first afforded temporary relief, failed to ease her and an operation was determined on. She was directed to sit over a vessel of hot water, which caused the piles to protrude. By means of a hypodermic syringe the doctor then injected into each pile a mixture of ten drops of carbolic acid, with an equal quantity of glycerine. The pile was then returned. The pain, which was not severe, soon subsided without medication. The fifth day after the operation she was discharged cured. After treatment she became pregnant and although a primipara, was confined without any return of the difficulty.

Borax and Nitrate of Potassium in sudden Hoarseness.—These two salts have been employed with advantage in cases of aphonia and hoarseness occurring suddenly from the action of cold. The remedy is recommended to singers and orators, whose voices suddenly become lost, but which by this means can be recovered instantly. A little piece of borax, the size of a pea, is to be slowly dissolved in the mouth ten minutes before singing or speaking: the remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of borax should be aided by an equal dose of nitrate of potassium, taken in a warm solution before going to bed.—*La France Medicale-Medical Times.*

Enuresis.—Dr. John Bryson reports in the St. Louis *Medical and Surgical Journal* three cases of enuresis in which electricity effected a cure after the usual remedies—camphor, ergot, cantharidis, belladonna, alkalies, astringents, tonics, blistering over sacrum, cauterizing vesical neck, bromide of potassium, etc. had failed. The persons were aged respectively four and-a-half, twenty-seven, and fourteen years. The method of procedure was as follows: A small metallic rod connected with one pole of a battery, was introduced into the rectum while the other pole was applied to the thigh or pubes. This is the method of Dr. Ultzmann, of Austria. The application should last from five to ten minutes, and should be made daily. Improvement commenced in Dr. Bryson's cases is from one to four weeks.

The conditions necessary to the existence of true enuresis are extremely difficult to understand in the light of our present physiological and pathological knowledge. There are certain points, however, which borne in mind will throw light on the subject. When we remember that, at first, owing to the weakness of the sphincter muscles, the urine and feces escape from the infant during sleep, without the experience of any sensation whatever, that it is only the 10th or 12th month that any sensation accompanies the act, and that we cannot properly speak of enuresis in a child under two years of age, the inclination to conclude with Ultzmann that enuresis is simply a weakness of the sphincter, is almost irresistible. The well known activity of the detrusors in the child would seem to strengthen this view; nor do the facts, specially called attention to by Niemeyer, that there is no failing of the sphincter during the day, no dribbling of the

urine, no unnaturally profound sleep, and no evidence of palsy contradict it.

MURIATE OF CALCIUM IN TUBERCULOSIS.—This remedy possesses a most wonderful power in controlling, if not actually curing, many forms of tubercular disease. In my experience I have found no remedy on which so much reliance can be placed in tuberculosis as on this salt; more especially, however, this remark applies to the wasting diseases of children. It has been most extensively used by me during the past four years, and with the most gratifying results—having prescribed it in every form of tubercular disease that has come before me during this period.—ROBERT BELL, F. R. C. P., in London *Lancet.*

Dr. Bell has used it successfully in pulmonary consumption and in glandular and bone-scrofula, as well as in tabes mesenterica and in tubercular peritonitis. Dose for adult, 20 grs., more or less, after meals. It requires to be perseveringly used, and Dr. Bell advises nutrition in conjunction with it; and the inunction of olive oil is also recommended. The latter remedies are advisedly indorsed.—Louisville *Medical News.*

ACTION OF IRON, COD LIVER OIL AND ARSENIC ON THE GLOBULAR RICHNESS OF THE BLOOD.—Drs. Cutler and Bradford, of Boston (*Amer. Jour. of Med. Sciences*), have recently been conducting a series of experiments with a view to determining the effect of these several agents on healthy and on unhealthy subjects, and with the following conclusions:

Iron—On healthy subjects: no increase in globular richness. In anæmia: there is an increase of the number of red corpuscles.

Cod Liver Oil—On healthy subjects: an increase in the number of red corpuscles and a slight increase in the white. In anæmia: if the medicine is well borne, a similar result follows; if, however, the appetite is disturbed, the medicine does not appear to check the consequent anæmia.

Arsenic (liq. potas. arsenitis)—On healthy subjects, a progressive decrease in the number of red and white corpuscles, that of the latter being most marked. In simple anæmia, there seems to be an increase at first of both red and white corpuscles. After a certain point there is a steady diminution of both however.

CHLORAL HYDRATE AS AN ANTISEPTIC.—Prof. J. A. Larrabee (*Louisville Medical News*) calls attention to chloral hydrate as a local antiseptic, deodorizer and disinfectant in puerperal diseases. At the time he took charge of the Forest Hill Lying-in Hospital there had been four deaths in a period of a few days from puerperal fever, the disease being, as the doctor believed, peritonitis of the septic form. Everything in the place was disorder and confusion. Carbolic acid had been used until everything was saturated, and for washes, lotions, etc., under the mistaken idea that it was an antiseptic. Chloral water was substituted with instructions that it be used at each delivery, and since then thirty deliveries have occurred without any untoward result.

In all accouchements, whether liable to contagion from without or not, there exist the necessary conditions within the uterus and vagina for setting up septic poisoning *de novo.* There is in all cases an odor to the lochia plainly discernible at the end of the first twenty-four hours. If this condition remains uncorrected, and the nurse neglects her duties, there is danger of septic poisoning. A weak solution in water of chloral hydrate and applied by means of a douche or fountain syringe removes the odor and destroys the noxious influence. Carbolic acid merely substitutes its own odor for that of the disease.

PIMENTO—A NEW REVULSIVE.—What is required to fulfil all the indications of a revulsive is an agent whose effect will be at once rapid and prolonged, and which will produce a sharp revulsion without pain or itching. The effects of mustard are too fugitive in many cases; tartarized antimony and croton oil have other objectionable features and we recoil from the employment of a blister. Our choice until lately lay between these agents. Now, however, pimento or rather the extract of pimento has been introduced by M. Lardy as an agent which promises to fulfil the above indications. It acts with rapidity, ten to thirty minutes, according to the point of application and the delicacy of the skin. The heat and tingling produced by it are painless and free from itching. It adheres sufficiently to the skin without warming, but its action is increased by pressure. The heat and tingling may be immediately arrested by the removal of the blister by the application of starch.—*L' Union Medicale—Canada Journal of Med. Science.*

A SOVEREIGN REMEDY IN SUMMER COMPLAINT.—Wm. M. Gross, of Clyde, Ill., writes to the *Medical Brief:* The very best remedy, in my judgment, for Cholera Infantum or Summer Complaint in children is calcined radix rhei.

My attention was called to it incidentally during last August. I was treating a little

patient, aged six months, affected with this dreaded trouble—had used all the reputed reputed remedies for this disease, but with little or no effect. When my attention was called to it, I prepared some by putting a portion of the root in an iron vessel and burning it until it was easily pulverized. Of this I gave about five grains; the child became quiet and seemed free from pain, and in about three hours the bowels moved again, passing a changed and even larger evacuation than at any previous time; and from that moment it began to get better, and in a few days was entirely free from the disease. The success attained in this case led to the use of the same drug in a number of similar cases and with the same results.

In the forms of Summer Complaint incident to debility of the bowels, either when this condition depends upon general causes alone, or is the immediate effect of irritating ingesta or biliary derangement, rhubarb, in this form, is superior to almost every other medicine.

Tannin in a Case of Very Intractable Vomiting During Pregnancy.—Diboue reports a case of this kind in the *Archives de Toxicologie* for September, 1877. The patient was a young woman about 22 years of age, whose constitution was not very strong, but who had never had any serious sickness. The vomiting commenced very early in her pregnancy, but only became alarming after two months. All the usual means—such as iced drinks, alcoholic liquors, champagne, bitters of various kinds, antispasmodics, tonics, opiates, bromide of potassium, chloral, belladonna, etc.—were tried without benefit. Before resorting to the induction of abortion it was determined to try tannin, which was given in the form of a pill, and in the dose of 1½ grains morning and evening. Two hours after taking the first pill, the patient was able to take a little soup, and this she did again in the evening. The vomiting was not entirely relieved, but was lessened to such a degree that the nourishment could be taken and retained in sufficient quantity. An intense headache, which had lasted for some weeks, also disappeared in a few days, and strength was rapidly regained.—*Virginia Medical Monthly.*

FORMULARY.

Inodorous Iodoform.—Ether dissolves iodoform, and removes its disagreeable odor. If the solution be applied to a surface, the ether soon evaporates, leaving behind a uniform layer of iodoform.

Cough Mixture for Consumption.

℞. Morph. sulph.....grs. ij.
Acidi Sulph. dil.....gtt. ij.
Mix et adde
Tr. Serpentariæ..... 3 i.
Vini Antimonii,
Vini Ipecacuanhæ, āā ..... 3 ij.
Tr. Anisi..... 3 j.
Syr. prumi Virgin..... ℥ jv.
Mix ft. sol.
Sig.—A tea spoonful every two or three hours.
(*Louisville Med. News.*)

An old fashioned Tonic and Diuretic.

℞. Digitalis leaves..... 3 ij.
Parsley roots..... ℥ i.
Horse radish..... ℥ ss.
Mustard seed..... 3 ij.
Squill..... 3 ij.
Juniper berries..... ℥ ss.
Cream tartar..... ℥ j.
Subcarb. iron..... ℥ ss.
Hard cider..... ...cong. ss.
Mix.
Let the mixture steam by the fire all day in a stone jug. Sig.—Wineglassful three or four times a day.
(*Louisville Med. News.*)

Hair Dye without Lead or Silver.

No. 1.

℞. Citrate of bismuth.....one ounce.
Rose water.....two ounces.
Distilled water.....two "
Alcohol.....five drachms.
Ammonia, sufficient.

No. 2.

Hydrosulphate of soda.....12 drachms.
Distilled water..... 4 ounces.
Each solution is to be applied separately.

For Chronic Constipation.

℞. Pulv. Rhei..... 3 j
Aloes socot..... ʒ jv
Scammon..... ʒ ij
Saponis Hispan..... 3 i
Strychniæ .....grs. iij
Mel. despum.....q. s.
Mix ft. pil. no cxx.
Sig. Take one at bedtime.

Gentian and Rhubarb Draught.

℞. Infus. Rhei..... ℥ ss.
Tr. Gentianæ..... M. xxx.
Sodii bicarbonatis..... gr. x.
Spts chloroformi..... M. x.
Aq. menth. piper *qs. ad*..... ℥ j.
Mix.

Alkaline Colombo Draught.

℞. Sodii bicarb..... gr. x.
Tr. Aurantii Cort..... M. xxx.
Infus. Calumbæ, *qs. ad*..... oz. j.

The two preceding formulæ are from St. Bartholomew Hospital's pharmacopœia and are said by Dr. T. Lauder Brunton to "work wonders" in cases of chronic gastric catarrh with flatulence—the "windy spasms" of old women. (*New Remedies.*)

The following makes an ink which cannot be erased even with acid:

To good gall ink add a strong solution of fine soluble Prussian blue in distilled water. The ink writes greenish blue, but afterwards turns black. (*Pharmacist.*)

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, APRIL 10, 1878. No. 6.

EDITORIAL.

ABUSE OF MEDICAL CHARITY.

The subject of hospital and college cliniques is rapidly forcing itself upon the attention of the profession in our larger cities, where such institutions exist. To our brethren of the smaller towns the question is not of so much importance, and yet even they must feel, to some extent, the evil arising from it. That free hospitals and cliniques are among the necessities of large cities no one can gainsay, and it is only when the charity which they dispense, is abused and they are operated to the detriment of the profession not connected with them, that they come in for unfavorable notice. In our own city it is safe to say that if none but the really poor were treated at our public cliniques, three fourths of the present beneficiaries would find themselves able to pay a fair modicum, and not a few would scarcely be incommoded by the payment of the usual fee.

That this condition of affairs is a hardship to the profession, and bears most heavily on its younger members, is self-evident. The responsibility for it rests somewhere, and it would be scarcely just to charge it to the recipients of the free treatment, for there is an element in human nature which leads one to seek the most good for the least cost.

The responsibility rests upon the medical men in charge of these free institutions. They have the power to say that they will not give their services to any whom they know to be pecuniarily able to remunerate them; and should the managers of these institutions object to this, the way for the medical attendants is clear; it is only left for them to resign. In this course they would have the unanimous endorsement of the profession. Our profession, while a humane one, cannot sanction this indiscriminate and unworthy bestowal of charity, and the physician who for ulterior and personal ends will persist in giving his services gratis to the undeserving, should in the language of the Ecclesiasties be *anathema maranatha* to his brethren.

"The poor ye have always with you" is as true a saying to-day as it was nineteen centuries ago, and no physician hesitates a moment to give them his advice without hope of fee, being willing to take his chances on the reward, which the uncertain future has in store for such service. No true physician, however, who is true also to himself, his family, his brethren and the community in which he dwells, will bemean his noble calling by the indiscriminate bestowal of his professional services.

The great New York Hospital has gone so far as to advertise to treat out-door patients for the paltry sum of one dollar per month. The profession in New York city have slept over it for some time, and are now only being awakened by the inroads already made on their practice and income. The N. Y. County Medical Society has taken the subject in hand, and the East River Medical Association has addressed the board of managers a courteous protest, to which the Board as courteously replied "that after due consideration their memorial protest was laid on the table." There is no reason why the profession cannot unite and undo this great wrong, which is growing upon them, and show that they are the "masters of the situation" by refusing to serve under any and all such conditions, as give advice and service without consideration to those, who only seek hospitals and cliniques to avoid the payment of medical and surgical advice. Let there be general attention given to this matter, and the wrong *can* be righted.

W. B.

We call attention to the paper in the present number of the NEWS by Dr. Vaughan, for the especial reason that apparently it belongs to a class of articles we have announced would not be admitted to our columns. While, however, the article is technical in character, it is at the same time most practical, for it

explains the methods of a morbid process, which the practicing physician is almost daily called upon to treat, and which is so perplexing in its nature as to be oftentimes unrecognized. Particularly do these processes cause a train of symptoms simulating the true neuroses, and when treated on this basis, the results are unsatisfactory and the patient too often is believed to be the subject of some very unusual and obscure malady, while the truth is, he is simply poisoned by his own excretions. We regret that the doctor has not given more explicit advice as to the treatment of such cases, but the hint in the closing paragraph is sufficient to put one on the proper track, and the means of securing complete oxidation of waste products will suggest themselves to every intelligent physician.

E. S. D.

It seems from the present constitution of the human heart that calumny is inevitable. This being a fact, it behooves the innocent to cultivate the faculty of shedding the disagreeable thing even as the duck's back sheds water. Those who win can afford to laugh, and when some of our dear friends insinuate, as they have done lately, that our semi-monthly list of paid up subscriptions is of doubtful correctness and published merely for effect, we endeavor to preserve our equanimity, and being sure we are right, follow Davy Crockett's advice and go straight ahead. If these lists were small they would excite no unkindly remarks, and it is only because they are unparalleled in the history of Michigan journalism that they excite, in the minds of those who would see it otherwise, envy and various other unchristian feelings. Our ostensible object in publishing these lists is to obviate the necessity of sending separate receipts per mail, and in this manner save considerable trouble and expense. We assure those doubting Thomases, who are so dubious of our veracity, that our published lists are *bona fide*, each name representing a dollar on our cash book. We shall, moreover, be only too happy at any time to furnish the full address of any whose name is suspected of being placed on our list for other than our avowed purpose.

The following have each remitted a dollar since our issue of March 25th :

Michigan—
Fred. W. Koch, H. B. Hatch, G. W. Swartout, D. A. McDonald, A. W. Cooper, S. S. Stephenson, G. Schlotzer, R. C. Hutton, Wm. Johnston, W. H. Russell, Edward Cox, S. W. Chandler, F. Goodwin, G. H. Greene, Isaac Wixom, L. N. Beagle, Bills & Caulkins, H. L. Blakeley, J. G. Lindsley, H. B. Landon, W. Carleton, Alex. Collar, M. D. Davis, C. W. Hubbard, A. D. Hagadorn, W. A. S. Williams, J. Goodenough, Wm. E. Jewett, J. J. McConkie. J. T. Main, J. J. Robbins, A. F. Whelan, P. P. Shorts, J. H. Johnson, George S. Darling, W. H. DeCamp, M. S. Dowling, Elias Forbes, J. E. Ferguson, P. Martin, B. B. Sudworth, H. U. Kirkland, John B. McPherson, M. R. Chadwick, W. J. Ketcham, H. F. Ewers, C. D. Harmon, W. C. Huntington, John A. Harris, McNabb & Nafe, Z. Mizner, A. Vanderveen, S. M. Bayard, L. S. Griswold, L. B. Parker, Isaac Howard, J. C. Williams, John Bell, J. Smyder. Samuel DuBois, D. M. Langan, D. W. Loree, C. L. Ford, — Reynolds, Norman Johnson, E. S. Richardson, I. S. Hamilton, DeForest Hunt. Moses Porter, Henry McCrea, F. Vanhyning, E. A. Herig. J. T. Fouts, J. M. Lewis, T. W. Anderson, Abel Ford, Jr., C. H. White, J. M. Loop, Theo. Cole, J. D. Bowman, G. M. F. Davis, Leroy Dibble, C. C. Johnson, Samuel Kitchen, P. W. O'Toole. J. J. Hagel, C. L. Howell. B. C. Smith, C, S. Bulhand. C. D. Hampton, C. L. Chamberlain, B. Lenderink, Aaron Clark, J. F. Campbell, John R. Bailey, W. S. Hart, E. A. Swan, J. N. Gregg, Thos. Phillips, F. C. McCallum, J. M. Burgess, H. A. Goodale, D. W. C. Burch, E. Doty, D. Hollister, M. C. Strong, J. M. Barnard, Horace Tupper, John B. White. C. M. Woodward, Wm. McBeth, Lester Joslin, L. B. Coates, D. Hall, C. F. Kapp, J. M. Snook. S. W. Merritt, E. P. Jennings, A. Constantine, D. H. Cole, G. M. Spencer, A. W. Oldfield, H. R. Case, I. Y. Kezartee, J. Camp, Wm. Blake, H. F. Savoy, M. M. Tucker, Thos. Morrison, R. Bredin, W. R. Ditmars, T. A. McGraw, N. F. Chaffee, C. Leitch Downie, G. A. Annaud, J. B. Crucial, J. B. W. Lewis, E. R. Hayden, G. E. Corbin, Frank Gregory, J. W. Egbert, H. B. Bessac, P. J. Chavey.

New York—
Lyman Twomley, S. G. Armor, E. Hasbrouck, J. S. Wight, E. S. Bemker, A. J. C. Skene, W. T. Lusk, Thomas A. Emmett, P. F. Munde.

Indiana—
W. A. McCoy. Max Scheller, W. A. Webb, J. C. Bever, S. C. Gray, Charles Knapp, T. A. Graham, A. J. Banker, R. C. Bond, W. C. Henry, Harding & Robbins, A. J. Buchanan.

Ohio—
D. C. White, H. C. Brainerd, A. Hurd, Thos. J. Farr, W. A. Dickey.

Illinois—
J. S. Barmore, N. B. Crawford, J. W. Barlow, A. M. Bird.

Kansas—
Gaston Boyd, W. A. Cormack, J. W. Boyle.

Missouri—
F. B. Keith, T. L. Patterson, F. A. Rogers, Samuel Sheetz.

New Hampshire—Charles H. Sanborn.

Arkansas—J. H. Nowlin. *Iowa*—G. W. Henkle.
Vermont—W. Garfield. *Rhode Island*—A. P. Baker.
Pennsylvania—Wm. Goodell. *Massachusetts*—C. E. Wing.

The following are samples of extracts, which we might make almost *ad infinitum* from communications received at this office:

Dr. J. W. Moore of the Dublin *Journal of Medical Science*, writes us under the date of March 16th: We have formed a very favorable opinion of your spicy little MICHIGAN MEDICAL NEWS, to which we wish all success and prosperity.

Dr. C. S. Bulhand writes: After having perused its columns for the past three months I feel that I could not now get along without it.

Dr. J. J. Robbins: The NEWS in my opinion is the first medical journal of real merit we have had in this state, and the best recommend I can give it is, it is the only one I have that I have time to read.

Dr. M. M. Tucker: Allow me to congratulate you on the appearance of the MICHIGAN

MEDICAL NEWS, and on your quite satisfactorily carrying out the idea, with which it started—a practical journal for the every day busy practitioner.

ORIGINAL ARTICLES.

RUPTURE OF PERINEUM.

NOTE ON CONSTIPATING THE BOWELS AFTER THE OPERATION FOR LACERATED PERINEUM. By E. S. DUNSTER, M. D., Professor of Obstetrics and Diseases of Women and Children in the University of Michigan.

The systematic authors on diseases of women, without exception so far as I am aware, recommend constipating the bowels for a variable period of from ten to twenty and more days after the operation for restoration of a ruptured perineum. Dr. J. Harry Thompson, however, in his report on the Columbia Hospital and Lying-in Asylum, Washington, D. C., 1873, recorded fifty-three cases, in all of which he said the operation was "eminently successful," and in the after treatment of these cases instead of constipating the bowels, he kept them "in a soft condition, securing a passage every day." The discharges were painless and no resistance was offered by the sphincter. On reading this record at the time of its publication it occurred to me that, if it were reliable, and I had no reason to believe it otherwise, we might meet with cases in which it would be desirable and beneficial to adopt the line of practice referred to. But the preponderance of authority was against it, and so in the various operations which I have performed down to the last two, I have followed the practice which was so urgently advocated by Mr. Baker Brown, and which, as we have seen, is so generally adopted by the authorities.

My attention, however, was more directly drawn to the subject by several incidents in my own experience. About a year ago I operated on a case in Detroit in the practice of Dr. Brodie. The rupture extended clear into the rectum and above the sphincter. The patient had somehow gotten too large a dose of the aperient mixture, which was used for several days prior to the operation. During the operation she was somewhat nauseated by the ether and made efforts to vomit. In these efforts a full stream of fluid matter poured from the anus, and I noticed even after the sutures were adjusted, that this did not disturb in the slightest degree the relations of the anal edges of the wound. I then said to myself that, if so little disturbance as that were produced by fluid passages from the bowels, we could follow the laxative method without risk of interfering with union of the raw surfaces. Again, a few weeks since in my last case prior to the two above alluded to, there existed a similar state of affairs as regards the extent of the laceration. The operation was a beautiful success. The sutures were removed on the eight day, and on the eleventh day the bowels moved.

But in spite of all the precautions which were taken by the use of enemata and salines to soften the fæcal material, and in spite of the care of a most competent and skillful nurse, who endeavored to control the movement, the cutaneo-rectal angle of the wound reopened to the depth of nearly half an inch. This occurence so annoyed me that I determined to experiment, on the first opportunity, with the other method of treating the bowels. The opportnity was not long wanting, for shortly afterwards two cases presented on two consecutive days, and the operations were performed on the 2d and 4th day of the present month. Both the cases were of the incomplete variety, *i. e.* not involving the *sphincter ani*; both were complicated by a large rectocele and curiously enough, both the patients, who were unusually intelligent women, and who had been for some time in training for the operation, asked me not to constipate the bowels, as they preferred to run any risk that might exist from the opposite plan of the treatment. One of the patients, the wife of a physician from the southwestern part of the state, was especially urgent on this point. The rectocele in her case was unusually large and she had not, for over a year, been able to have a movement of the bowels without pressing from the vagina upon this sac and inverting it into the rectum. She feared that fæcal matter would accumulate in the pouch, and after days of retention, that it could be removed only with great difficulty. I acceded to the request of the patients, and the operations were performed in the usual method. The rectoceles necessiated the dissection from the posterior vaginal wall of a large V shaped surface of mucous membrane, the edges of which were brought together by interrupted sutures above the level of the perineal sutures. On the morning after the operations laxatives were administered. In one case the compound of senna and cream of tartar, recommended by Thomas (*Diseases of Women*, 4th edition, p. 132) was given, and in the other the Hunyadi bitter water was employed. Each day during the confinement in bed the bowels were thus freely moved from one to three times without any pain whatever. The nurses, who were instructed to carefully observe the effect of the movements on the parts, reported that there was no tension or bulging, and appa-

rently no strain whatever along the line of the wound. The perineal sutures were removed at the usual time, and union was complete in both cases. Particularly noticeable was the great depth of the base or rectal side of the perineal wedge. This is the main object to be aimed at in the operation, and unless it be secured, no matter how complete the cutaneous union may be, the perineum has not been restored. Yesterday, the twenty-fifth day after the second operation, I removed the vaginal sutures in one case and to-day, the twenty-eight after the first operation, have done the same in the other case.

In these two cases the results of the laxative plan in the after-treatment have been eminently satisfactory. Indeed, I could not ask or wish for anything better, and while I am well aware that so limited an experience is wholly inadequate to warrant any generalization therefrom, or even to influence very materially ones' preconceived opinion, still it is sufficient to encourage further trials in the same direction, and the object of this note will have been accomplished if others, who are frequently performing the operation, will only give the method a trial and report the results whether satisfactory or otherwise.

Two practical reflections and I have done: first, The laxative treatment renders it more troublesome for the attendants to care for the patient, and second, The use of opium unquestionably relieves the patient of much distress, particularly of that peculiar soreness about the whole pelvic region, which is aggravated by any motion of the body, and which everyone who is familiar with this operation, must have almost uniformly noticed. Furthermore, by compelling sleep opium banishes, *for the time being*, those protean nervous symptoms, which are so frequently met in long-standing cases. But are these conceded advantages enough to enforce a uniform resort to the orthodox opiate treatment, without regard to the character of the case? I think not, and that by careful selection of our cases we shall find many, in which the adoption of the opposite plan will prove more satisfactory both to patient and operator.

Ann Arbor, March 30, 1878.

NOTE ON SOME OF THE ORDINARY CHEMICAL CHANGES GOING ON IN THE BODY AND PRODUCING DISEASE.

By V. C. VAUGHAN, Ph. D. Instructor in Physiological Chemistry, University of Michigan.

The time was, when man, walking in the midnight darkness of superstition, believed that disease was caused by evil spirits which came and took lodging in the physical frame. Consequently, various devices were resorted to, in order to cast out devils, drive away evil spirits, and in this way effect a cure. Later in time, we were taught to believe that disease was the infliction of an all-wise providence and that God, in this way, sought to punish the wicked, convert the sinner, and often to destroy or at least to remove the innocent. For a long period of time, yes, for hundreds of years, it was thought that the greater part of the changes going on in the body, were due to a force peculiar to life itself and distinct from anything that could be produced outside of the body. The vitalist, with a self-complacent smile, pointed to urea and other products of the vegetable and animal world, and said to the chemist, "manufacture these things in your retort, and then we will believe that *some* of the changes going on in the body are chemical." But the chemist to-day manufactures in his retort as good an article of urea as is formed in his body. Notwithstanding the horror of those who love the mysterious, chemistry has quietly worked away, and every day she solves a problem, explains away a mystery, substitutes a fact for a theory. At last man has come to reason about disease, as he does about other things. He knows full well that a burn could not be produced without the application of heat, and reasoning in the same way, he knows that consumption can not exist without its preceding and adequate cause. It is my object to point out some of the chemical changes, which are constantly going on in our bodies, and to notice the various products that are formed as the conditions vary. It had long been known that some plants contain poison, that by chemical combination of C. H. N. O. in certain proportions in the plant, that strychnia could be made; that by the same power salicine is manufactured in the willow, that sugar is formed, etc. But, when in 1848 Bernard proclaimed that the same chemical forces are at work in the body of man, says Harley, "the world seemed as if struck by a thunderbolt." Still greater was the consternation when chemists with carbonic acid, carbolic acid and soda surpassed vegetable life by making salicylic acid, and even set up the retort in competition with the human body in the manufacture of urea. Now, the products of every chemical change depend upon two things. First, upon the substances entering into the reaction. You all well know that it would be impossible to produce Ba S O_4 by the action of Na Cl on Aq N O_3, and it would be just as impossible to produce urea within the body unless nitrogen be present. Every person has some idea of this first law. All know that certain

substances are poisonous, that nicotine will kill and alcohol intoxicate. Consequently, we will consider the first law as a self-evident fact, and direct our attention to the second, that is, the products of every chemical reaction depend upon the conditions which attend the reaction. Some changes will take place only when free acid is present, others only when free alkali is present; some require an elevated, others a depressed temperature; some require the magic influence of light, while still others come only at the bidding of that wonderful messenger, electricity. It is this law to which sufficient attention has not been given. Taking the proper kind of food is only *half* that is necessary in order to enjoy good health. He who would preserve his health should know both, as to the *kind* and *amount* of fuel necessary to his existence. What would you think of the man who would attempt to keep in order and repair a grand and costly edifice, and at the same time be entirely ignorant of the material to be used in making these repairs? The material of which the body is composed, is continually being changed and removed. Every time that I exercise bone, muscle, or brain, certain products of decomposition are formed, which are not only useless, but a positive injury to the system. It is well known that organic refuse matter is more injurious to the system than inorganic; that the less complete this process of oxidation, in the body, the more injurious, the more poisonous will be the substances formed. Experiments in physiological chemistry have proven that, if the tissues of the body be partially oxidized, *uric acid* will be one of the products. Now, this substance, when found in excess, acts as a poison, and the person suffers as surely as if morphine, nicotine or mercury had been used in injurious quantities. Moreover, if large excess of uric acid be formed, it not only poisons the blood and hinders the brain in the performance of its functions, but a part of it is deposited in its passage from the body, forming gravel and calculi. If the oxidation be carried a little byond *uric acid*, but still not complete, *oxalic acid*, a well known poison is formed and may lead to similar results. Many substances, as starch, sugar, and albumen, which are constant articles of food, if only partially oxydized, are converted into this poison, *oxalic acid*. The following reactions will show how some of these substances are formed and changed. As a rule, the higher the oxidation, the less injurious the substance. The first substances are true alkaloids, such as strychnia and morphia are, but by oxidation they are converted into substance less injurious.

Reducine — Guanine

$$5(C_{6}H_{11}N_{3}O_{4}) + 33O = 3(C_{5}H_{5}N_{5}O) + 15CO_{2} + 20HO_{2}$$

Guanine — Hypoxanthine

$$C_{5}H_{5}N_{5}O + 3O = C_{5}H_{4}N_{4}O + HNO_{3}$$

Hypoxanthine — Xanthine

$$C_{5}H_{4}N_{4}O + O = C_{5}H_{4}N_{4}O_{2}$$

Xanthine — Uric acid

$$C_{5}H_{4}N_{4}O_{2} + O = C_{5}H_{4}N_{4}O_{3}$$

Uric acid — Oxalic acid, Urea

$$C_{5}H_{4}N_{4}O_{3} + 3HO + 2O = H_{2}C_{2}O_{4} + 2CNO + CO_{2}$$

$$C_{5}H_{4}N_{4}O_{3} + 2HO + 3O = 2CH_{4}N_{2}O_{2} + 3CO_{2}, \text{ or}$$

$$H_{2}C_{2}O_{4} + O = 2CO_{2} + HO_{2}$$

Of these substances, oxalic acid is very injurious, not because in itself it is more poisonous than those substances from which it is formed, but it unites with lime, forming oxalate of lime, which in the form of minute crystals penetrates the various tissues of the body, causing irritation and then organic disease. Moreover, if oxidation is not carried out, a great part of the carbon which *should* pass out through the lungs as carbonic acid, is carried through the kidneys. Then the kidneys performing the work of the lungs, and being irritated by the passage of these poisons, must soon become diseased. Consequently, it is necessary that the oxidation should not stop short of urea and carbonic acid. This complete oxidation can be obtained by fresh air and oxidizing medicines. I do not claim that all diseases arise in this way and could be treated chemically, but that a large class of diseases do so arise, I am certain.

CASE OF HERPES-ZOSTER OPHTHALMICUS.—WITH LOSS OF EYE.

By EUGENE SMITH, M. D., Detroit, Ophthalmic and Aural Surgeon to St. Mary's Hospital. Surgeon in charge of St. Mary's Hospital Free Eye and Ear Infirmary.

February 24th, I was called in consultation to see Mr. B., whom I found to be suffering with an affection of the right eye. The following history was given me. About one month previous he was taken suddenly with severe hemicrania and great swelling and redness of the eye-lids, cheek and forehead of the right sight of the face. An irregular German practitioner was called and pronounced the case erysipelas, treating it as such. The eyeball was as "red as blood," but the vision was not affected. The pain and swelling subsided about the time an eruption appeared at the inner angle of the eye and along the nose, downwards to the tip, and upwards on the forehead to the hair, exactly following the median line. Patient supposed the "sores" were due to medicine put into the eye, and becoming dissatisfied

with his "doctor," he changed and called in one of our leading German physicians, who had been in attendance about ten days when I was called in consultation. I found the eye in the following condition: Lids apparently normal; conjunctiva intensly congested and somewhat swollen and *dry;* cornea opaque and anæsthetic; anterior chamber full of pus (hypopyon); tension of the globe very much decreased sufficiently so to allow the finger to sink in, as it were, on pressure. Deep scars extended from the edge of the hair at the median line to the tip of the nose, covering the right half of the nose. The nutrition of eye was so much below the normal standard as to cause an unfavorable prognosis to be given. The case slowly progressed to sloughing of the entire cornea, and "the end is not yet."

A peculiar feature of the case is the fact the eruption followed *only* the nasal branch of the ophthalmic division of the fifth nerve. This seems to verify the observations of Hutchinson, who believed that the eye was only affected when the nasal branch was implicated.

Cases of this character are frequently mistaken for *erysipelas*, even by accomplished practitioners. From this it is distinguished by the pain preceding the eruption, by the mingled numbness, pain, and heightened sensibility remaining for a long period after the inflammatory outburst, and especially by its *not overpassing the median line.*

Detroit, 95 Fort St. W.

A MODIFICATION OF HOGDGE'S PESSARY.

By H. R. Mills, M. D.

I has been my fortune or misfortune, whichever it may be termed, to meet with a large number of cases of retroversion of the uterus. In my treatment of them I have generally found Hodge's pessary, or some modification of it, to be the thing best calculated to meet the indication. But now and then cases occur in which it is impossible to keep this pessary in the necessary place and position to fulfill its object. In my endeavors to meet this trouble I have been led to adopt a pessary in these exceptional cases, which I do not remember to have seen mentioned anywhere, and which in my hands has produced very satisfactory results. It is a Hodge's pessary with an external stem. This stem may be just long enough to came outside the vulva and then meet elastic cords attached to a belt, or it may be longer, and extend in a curve up to a belt about the waist, to which it is fastened. In this way we have the posterior bend of the pessary supporting the fundus posteriorly, where support is principally needed. This pessary can be improvised very readily by any one with a little ingenuity. Take a piece of small rubber tubing of the proper length, and insert into it a piece of common wire of proper size and stiffness. Bend the wire double and fasten the Hodge at the bend in the middle. What there is left will form the stem. It is inexpensive and can be adapted readily to any particular case, without loss of time. It is only in these exceptional cases, where there has been trouble in keeping Hodge's pessary in place, that I would recommend this combination of the Hodge and an external stem.

Port Huron, Mich.

MISCELLANY.

German Universities.—The twenty universities of northern Germany cost the country annually about two million dollars. They have a staff of twelve hundred and fifty professors, whose salaries range from five hundred to three thousand dollars. The young man who secures an appointment as teacher can calculate that on reaching the age of thirty-five he will draw a salary of two thousand dollars. He is also assured of a pension when retired on account of old age.

Expert Testimony in Indiana.—The Detroit *Lancet* having stated that the Supreme Court of Indiana recently rendered a decision similar to that of the Supreme Court of Alabama, viz.: that physicians are compelled to give expert testimony without compensation, it devolves on the News to inform the profession of this state that the decision of the Supreme Court of Indiana was exactly the reverse of that of the Supreme Court of Alabama. Indiana doctors may now demand a fee before giving testimony on matters involving a knowledge of medicine. This is as it should be, and it only requires some moral vertebrate to raise the question in this state, in order to settle the question here.

Corrosive Sublimate in Dysentery.—Dr. Chas. H. Hall of Macon, Ga., reports in *Med. and Surg. Reporter* seven cases of dysentery, which he treated with corrosive sublimate in minute doses, and with the most gratifying results. He dissolves one grain of the salt in a pint of water, and orders a teaspoonful of the solution every two hours. Ringer, who advises small and oft repeated doses of mercury in these cases, deserves credit only for popularizing an old use of an old remedy.

A sad Calamity—Death of Dr. Charles Hibbard.—On Wednesday night, the 3rd inst., while returning from a visit to a patient, Dr. Charles Hibbard of North Branch, was thrown from his carriage and sustained injuries, which terminated fatally on the 5th inst. He had stopped to light his lamp, and while so doing his team took fright. Dr. Hibbard was born and raised in Detroit, where his afflicted mother, whose only surviving child he was, still resides. He was at the time of his death about twenty-five years of age and had just entered upon a career of much promise. He graduated from the literary department of our State University in 1874, and from the Detroit Medical College two years later. After this he spent a year in Berlin and Vienna, returning home a year ago and settling in North Branch. Enthusiastic in his profession and by nature and training eminently fitted for his calling, his early demise is a deep loss.

Chloral Hydrate as an Antiseptic.—As an addendum to the abstract of Dr. Larrabee's paper in the last number of the News (p. 59), I desire to call attention to the special use of this agent as an application in uterine cancer. I have used it in a number of cases and have found nothing equal to it. Not only does it correct the intolerable stench, but it relieves the stinging pains which are so common in these cases, and it changes the character of the discharges, making them more healthy, even at times almost resembling laudable pus. If by its use we can accomplish only the first of these objects, it is a sufficient warrant for a more extended trial of the remedy, and I feel confident that it will not disappoint expectation. I have employed it by saturating little pledgets of cotton with a solution of varying strength, according to the character of the discharge, of from 10 to 30 grains to the ounce. By attaching a string to the pledgets they are easily removed by the patient after a few hours, without any danger of starting up hæmorrhage. The application is also of equal value on open cancers and foul sores of almost any character on the surface of the body.

E. S. D.

Michigan University Medical Alumni Meeting.—The Alumni of the medical department of the University of Michigan at their annual meeting on the 26th, elected for the ensuing year for President, Dr. A. F. Whelan, of Hillsdale, and for Secretary, Dr. W. B. Smith, of Ann Arbor. The retiring President, Dr. James C. Willson, of Flint, read a very pleasing address, after which the Alumni retired to their annual supper. Here, after the grosser pleasures of the table had been indulged in q. s., there was feast of reason and flow of soul, which lasted until two o'clock in the morning. The meeting adjourned to convene again at the June commencement of '79.

Presentation to Dr. Brodie.—Our colleague, Dr. Brodie, was unwontedly surprised at his residence on the evening of the 21st. ult., whither the Wayne County Medical Society had repaired in a body, and had taken with them an elegant English edition of Holmes' Surgery, five volumes. Dr. Peter Klein, the father of the Detroit profession, *venerabile et clarissime nomen*, was the spokesman of the occasion, which was a fit one for a display of that gentleman's burning eloquence. In refeiring to the time, some thirty years ago, when Dr. Brodie came to Detroit, and in recounting the incidents of their companionship during these long years, the speaker was especially fervid and touching. In presenting Dr. Brodie with the edition of Holmes, he was proud to say that the gift was but a spontaneous token of the esteem, in which that gentleman is held by the profession of Detroit and county of Wayne, and an acknowledgment of his untiring efforts in the cause of science, his manly independence and his professional integrity.

Dr. Brodie responded in fitting terms, and after the embarrassment of the surprise wore off, he settled down and made quite a speech. (He was never known to fail as a speech maker.) His good wife, who had got a hint of what was likely to take place, was fully prepared for emergencies, and when the proper time arrived, the gentlemen were ushered into the dining room. What took place there, it is unnecessary to dwell upon, further than to make the almost superfluous remark, that we all had a good time and didn't break up until quite early.

PARAGRAPHS.

The bill to restore Dr. Hammond to his rank as Surgeon General and to place him upon the retired list, has passed the Senate and the House, and now requires but the President's signature.

Dr. Wilson Fox is evidently no friend of the equality of the sexes in medicine. Having been informed by the council of the British Medical Association that women cannot be excluded from the meetings of the association, he has resigned his membership, and others feel very much as he does on the question, and are likely to follow his example.

Surgeon General Longmore, of the British army, in his late work on Gunshot Injuries, pronounces tobacco in many cases not only a luxury but a necessity, and that nothing more useful in the way of presents, can be presented to a hospital than cigars and tobacco.

One of our contemporaries has described drunkenness as the search after the ideal. Accepting this definition, the recent period seems to have been productive of a marvellous amount of imaginative work, if we may judge by the number of persons who have appeared before our metropolitan magistrates in order to explain the cause of their unusual, not to say untimely, mental industry.—*Louisville Medical News.*

A Delicate Medical Question.—A letter from Paris recites this event: A young widow, whose aged husband had died, becomingly appeared two months afterward at the Paris Mairie, to announce her forthcoming marriage to her cousin. "Pardon me, Madam," observed the clerk, "but the law peremptorily forbids a woman to marry within ten months of her husband's death." "Yes, truly," replied she, "but are not those eight months of paralysis to be taken into consideration?"

The *Hospital Gazette and Archives of Clinical Surgery*, which has reached No. 6 of its 3d volume as a semi-monthly, will in future be issued weekly. Its reputation as an excellent periodical is established, and we congratulate it on the prosperity which its new departure indicates.

Dr. E. W. Jenks, of this city, who has, for the past month, been prostrated with malarial fever, although still far from being well, has, we are happy to say, sufficiently recovered to attend to office practice.

Doubt seems to be fast pervading the homœopathic ranks. It is now the Chicago Hahnemannians who are agitated by an inquiry into the truthfulness of *similia similibus curantur.* Verily, as we have remarked before, the world *does* move.

The *North Carolina Medical Journal* is the latest addition to our exchange list. It entered upon its existence synchronously with ourselves, and we have thus a fellow feeling toward it. It is moreover an excellent journal. One of its editors, Dr. M. J. De Rosset, resides in New York city, and his editorial letter each month is a feature of the journal which merits recognition outside of the state in which the publication is issued.

Dr. James Blundell, whose death in London at the age of 87, was lately recorded, was quite an eccentric individual. He seldom arose before noon and would receive patients until six in the evening. After dining he would make his calls until midnight, and do his reading in his carriage by lamp light. He left behind him, in spite of these eccentricities, a fortune of £300,000.

A ton and a half of food and drink passes through a man weighing one hundred and fifty or sixty pounds, in a year.

A father lately induced a croupy little boy to make a healthy meal of buckwheat cakes and molasses, but the latter proved to be syrup of squills. The boy said he thought something ailed the molasses the very minute his father told him to eat all he wanted.

"Laryngostroboscopy" is another new word constructed by Prof. Oertel of Munich, and stands for the method he has of investigating the larynx, and showing the independent action of each of the vocal cords, distinguishing the velocity of their vibration in different notes, etc.

The London butchers have been experimenting on their cattle with dynamite. They inclose 30 grains of the explosive in a bag and lay it on the beast's head. It is then exploded and the result is a deep hole in the forehead (the steer's, not the butcher's), with complete destruction of the brain. It will require the blowing up of only a few butchers to convince the survivors that dynamite is good for steers as long as it can be confined to them.

In Montenegro the practice of medicine is monopolized by a family bearing the euphonious name of Jlitschkowitsch, whose scanty knowledge has been handed down from father to son for generations. Ten members of this family are engaged in the military practice of the country. Their conservatism confines them to the practice of their fore-fathers. They are very deficient in anatomy, and their horror of hæmorrhage keeps them from performing any extensive or delicate operation.

Dr. J. Solis Cohen lately treated a case of chronic enlarged tonsils by means of injections of ergotin into the substance of the tonsil, low down and far back. Fifteen drops of water containing a quarter to a third of a grain of ergotin is the quantity employed. This plan has been resorted to with advantage in cases, in which excision was not desirable.

SELECTIONS.

Ergot in Typhoid Fever.—M. Siredey, (*Journal de Médicine et de Chirurgie pratiques,*) gives an account of a young man of twenty years who recovered from a very bad

attack of fever after the use of ergot. The patient entered the Hôspital Lariboisière on the tenth or twelfth day of the disease. The tongue was very dry and brown, the gums were covered with sordes, speech was difficult, and the ideas were confused. At night there was constant delirium, with subsultus and other nervous phenomena, great pain in the back of the neck, opisthotones at times, and symptoms like meningitis. The next day the abdomen was retracted, and signs of collapse seemed to portend an early death. M. Siredey, bearing in mind the success attained by M. Duboué, (of Pau,) in the treatment of ataxo-adynamic cases by ergot, prescribed two grammes (30 grains) of this drug, to be taken during the day. On the following morning there was a considerable modification of the grave symtoms. The muscular twitchings had ceased, the abdomen was less drawn in, and the general condition was improved. The ergot was continued three days, after which the indications of danger entirely disappeared and the fever ran its course with moderate intensity.

M. Duboué recommends ergot in typhoid fever for reasons deduced from its physiological action, and in one of his works cites seven cases where it was employed. Two were in the early stages and presented all the characteristic symptoms of the malady, but they got well so soon that it was thought that an error in diagnosis was possible. In three others ergot was not used until after all other medicinal resources had been exhausted and the patients had reached an almost hopeless state. But they all recovered after taking a gramme and a half to three grammes of ergot daily for about two weeks. Another who presented grave ataxic symptoms from the outset, with delirium, trismus, carphologia, and intermittent pulse, took ergot for twelve days, the disease assuming a milder form and recovery following. Finally, a patient with typhoid fever, who was three and a half months pregnant, was treated with ergot for fifteen days, and got well without miscarriage, although she took a daily dose of a gramme and a half or two grammes of the drug.—*Boston Med. & Surg. Journal.*

Dialysed Iron Hypodermically in Chlorosis—Dr. DaCosta peports in the *Medical Times* a case of chlorosis treated by subcutaneous injections of dialysed iron. The patient, a girl of 21, had suffered several months from palpitation, dyspnœa, headache, and œdema of the feet and legs. There was marked pallor and the menses had been arrested for three months before she entered the hospital. An inorganic systolic murmur was heard at the base of the heart, and a loud venous hum over the juglars. The relative proportion of white to red corpuscles was not changed. By the daily injection of from 15 to 20 minims of dialysed iron, at first diluted, later undiluted, as it was found that no irritation of the skin was caused. In a little more than two weeks the patient regained comparative health. Dr. Da Costa judges from this case that the same method of treatment will prove valuable in cases where constipation, headache and disordered digestion preclude the internal use of iron in the ordinary forms or when the stomach does not retain it. All other preparations are too irritating for hypodermic use.—*Boston Medical and Surgical Journal.*

Belladonna externally in night sweating—Dr. J. T. Nairne writes to the *British Medical Journal* that for some time past he has employed tinctnre of belladonna for sponging the body in cases of phthisical and excessive sweating with marked benefit. He has found it much better than anything else in his experience. Applied before an attack it prevents it, and during the sweating controls it almost immediately. Two teaspoonfuls of the tincture mixed with an equal quantity of whisky and applied with the hand is quite sufficient to cover the entire body and to produce the desired effect. He has employed the same means in scarlet fever, but in an insufficient number of cases to enable him to speak of its success.

Plan for allaying irritation of the Mammary Glands—Dr. Hugh Miller, of the Glasgow Lying-in Hospital, says, in the *Edinburgh Medical Journal*, that with a view to avoid the frictions which have been thought useful in threatened mammary abscess but which are so generally painful he applies an alcoholic extract of belladonnæ but kept fluid by collodion. He combines with it camphor, for the purpose of arresting the natural mammary secretion. The preparation is painted on the breast much in the same way that blistering flnid is employed. No rubbing in is necessary. The fluid dries quickly, is much more cleanly for the patient, has a less offensive odor than the ointment and more reliable in its action. It is to be painted over the breast night and morning until the acute symptons give in. Whether the inflammatory irritation accompanying the onset of the lacteal secretion had for its exciting cause exposure to cold, inflamed nipples or obstruction in the lacteal ducts, the preparation has always seemed to be of value. It may be safely relied on for re-

straining the secretion of milk and acting on the walls of the arterioles in a manner to prevent engorgement.—*Medical and Surgical Reporter.*

THE VALUE OF SALICYLIC ACID AND ITS PREPARATIONS.—This was recently the subject of lively debate in the *Academie du Medicine de Paris.* The following conclusions of Dr. Jaccoud, results of his observation of 12 cases, we consider worthy of attention:

1. In febrile articular rheumatism, with no complications, the salicylate of soda, in doses of 8 to 12 grammes during the twenty-four hours, is the most potent agent we possess; the affection is cured more rapidly than by any other form of medication. 2. Although the curative effects of this remedy are sometimes so striking that recovery takes place within two or three days, yet it is impossible to fix the average duration of the disease at three days. To do so would be very unwise, as the disappointment which would surely, sooner or later, be met with, would then bring a really serviceable article into disrepute. 3. If the complications already exist before the administration of the agent, the latter will exert little or no beneficial influence. 4. Notwithstanding its antifebrile action, the salicylate of soda will not prevent elevations of temperature due to organic complications already existing. 5. In very slight complications in the course of the above mentioned disease, salicylate of soda may be employed to obtain the relief from pain which so surely follows its administration, but it is better in such cases to also employ vesicatories and stimulants. 6. In acute febrile rheumatism with very severe complications, we must not rely too much on this agent, but have early recourse to others. 7. In two cases of chronic rheumatism unaccompanied by fever, the administration of the agents under consideration proved of no utility whatever.—*Medizinische Neuigkeiten—Clinic.*

ARNICA IN THE TREATMENT OF FURUNCLES—Dr. Planat has been led through physiological experiments to the use of arnica in all cases of superficial acute inflammation, as furuncles, anginas, erysipelas, etc. He states that arnica aborts all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness.

Externally he employs: Extract of fresh arnica flowers, 10 parts, honey, 20 parts; if this is too liquid he adds lycopodium; the mixtures is applied to the inflamed part and covered with oil-silk.

Twenty-five to 30 drops of the tincture of arnica every two hours is also useful. Dr. Planat adds that the extinction of the furuncular eruption is so rapid that it seems impossible to deny a specific elective action—*Lyon Medical.*

A NEW GLYCOSURIC RE-AGENT—Henry G. Piffard, in the *Medical Record.*

Every one knows the uncertainty of Trommer's test and the bother of Fehling's solution. The following will be found a convenient substitue:

Take of

Sulphate of copper (ch. pure) 1 part.
Crystallized tartrate of soda and potassa 5 parts.
Sodic hydrate (ch. pure) 2 parts.

Mix thoroughly in a mortar; the more labor spent on this, the better the product. The result will be a pasty mass, which can be transferred to a wide-mouthed bottle, and kept till wanted. To use it, take a piece of the mass about the size of a co. cath. pill, put it in a test-tube and add about two fluid drachms of water; boil till the mass is dissolved, and the solution has a uniform pale and rather dirty blue color; then add two or three drops of the suspected fluid and boil again for a moment. If sugar be present the usual reaction will be manifest.

SIGN OF CRIMINAL ABORTION—MM. Gallard and Leblond brought under the notice of the Société de Médicine Légale what they regard as a certain sign of early abortion having been caused by criminal agency. During the ffrst three months of the life of the ovum, in spontaneous abortion, it is always expelled *en bloc,* with the membranes entire. After the third month the membranes are usually ruptured, the abortion then occupying two stages. In the discussion which ensued it was objected that the exceptions to this rule were too numerous to allow of its acceptance as a legal guide, while criminal abortion may be induced by various means which do no not involve rupture of the membranes. Still, the knowledge of these means is not spread much abroad and seeing the frequency with which the ovum and membranes are discharged intact after criminal abortion, the Society while refusing to acknowledge this as a law, deemed it right to call great attention to it as a new mode of detection of a crime which so frequently goes unpunished. —*Medical and Surgical Reporter.*

CAUSTIC APPLICATION TO THE CERVIX UTERI IN THE VOMITING OF PREGNANCY.—Dr. J. Marion Sims, considering the suggestions it contains of great importance, contributes to the London *Lancet* a paper written by Dr. M. O. Jones, of Chicago, on the experience of

the latter with the application of caustic to the cervix uteri in the vomiting of pregnancy. He believes that this vomiting is a reflex phenomenon, which fact may account for the unsatisfactory treatment of it by the stomach. Within six years he has treated successfully five cases, his plan being to excite by means of caustic applications an irritation or superficial inflammation of the os and cervix uteri, thus concentrating the reflex nervous phenomena at the point of irritation and thereby relieving the stomach.

In his first patient he applied the caustic to the os only. The benefit was very noticeable within twenty-four hours. Being somewhat apprehensive, he applied it only sparingly, and in a few days applied it again, obtaining still greater relief. He used it the third time, but suspects the third application was really unnecessary. The patient remained free from sickness or vomiting until the end of pregnancy. In his second case he applied the caustic only twice, complete relief following the second application. In the third and fourth cases one application was sufficient, although the fourth case was one of the most harassing and persistent cases that ever came under his care. The stomach rejected everything taken into it, and the patient grew feeble, and became so emaciated that she was scarcely able to leave her bed. The caustic was in this case applied very freely to the os and vaginal cervix. In all of his cases all the usual remedies had been faithfully tried before the caustic was resorted to.

Dr. Sims adds notes of a case occurring in his practice, in which this treatment was marvelously successful. His first application of the caustic in solution of two drachms to the ounce was followed by great improvement. At the end of five or six days there was some nausea, which was, however, not distressing. The pencilling of the neck of the womb with pure carbolic acid until it was completely enveloped in a whitish film, relieved the nausea, and the day following she was perfectly well.

Treatment of Gonorrhœal Epididymitis.—Dr. Bumstead in the *American Practitioner* gives a *resumé* of the treatment of gonorrhœal epididymitis and settles on the following plan as that which he follows:

Absolute rest in the recumbent posture should be enjoined on the slightest indication of an attack of swelled testicle. The scrotal organs must be well supported, and this is better done by a handkerchief sling, or by a broad strip of adhesive plaster passed under the scrotum and made to adhere to the thighs, than by the suspensory bandage as found in the shops. The bowels should be unloaded, but except in plethoric subjects the nauseants and emetics formerly employed are to be discarded. Antiblennorhagics and injections may be for the time being dispensed with.

Relief will often be experienced by keeping the parts covered with a single thickness of linen constantly wet with a solution of muriate of ammonia, half an ounce to a pint of water. Better still, especially at night, is to smear the scrotum with the following mixture:

℞. Belladonnæ,..... ℥ jj.
Glycerinæ,..... ℥ ss.
Aquæ,..... ℥ j.
Mix.

And cover it with a piece of lint moistened with the same. The old-fashioned lead wash may likewise be of service.

Under these measures the epididymitis may subside, but, probably in the majority of cases, the tunica vaginalis becomes involved, and more or less fluid may be detected in this sac, and here comes in the golden opportunity of giving almost instant relief, and cutting off the further progress of the disease. This is done by making multiple punctures in the scrotum, a plan so highly recommended by Velpeau. In performing this slight operation the tumor is to be rendered tense by grasping it posteriorly with the left hand, as in making the puncture for hydrocele. With the right hand the surgeon, holding the blade of a common lancet between his thumb and forefinger, at this distance of about half an inch from its point, makes from four to six rapid plunges into the tense surface of the scrotum, still retaining the hold with the left hand so as to preserve parallelism of the incisions in the skin and serous membrane. If there be much fluid in the sac it will spirt out to some distance; in other instances, only a few drops of serum mixed with a little blood, escape. In either case the sufferings of the patient are markedly relieved, and the further progress of the disease at once arrested. So great is the doctor's confidence in these incisions that he does not hesitate to tell his patient that if he submits to them, he can be on his feet again in two or three days. He has seen no ill effects from them. Care must of course be taken to avoid any scrotal artery.

Hot Water Injections into the Uterus in post partum Hæmorrhage.—Dr. Cameron in the *Canada Medical and Surgical Journal* reports sixteen cases of post-partum hæmorrhage, in which injections of hot water were used with advantage. The application of cold externally and the injection of cold water into the vagina or uterus have proved of great value in some cases; but

when this treatment is pushed too far, it does harm instead of good. Cold does not act so much locally as in a reflex manner, stimulating the uterine fibres to contract and close the bleeding vessels; if the patient, however, becomes chilly and exhausted, and cold be still applied, it no longer acts as a stimulant, but only tends still more to depress the vital energy, and fatal exhaustion is apt to result. In such cases the injection of hot water into the uterus is proposed, on the theory that when the patient's vitality is so much lowered that *cold* water can no longer produce reaction, *hot* water may act as a powerful stimulant, general as well as local. Water at the temperature of 110° to 112° F. is injected; great care having been laken to remove all air from the syringe and fill it completely with water, the vaginal tube is carried well up to the fundus; from one to two pints are injected, and allowed to flow out through the vagina. Clots are washed away, the uterus responds to the stimulus at once, and contracts powerfully; bleeding ceases, the pulse decreases in frequency and improves in volumne, and the woman experiences a feeling of great comfort. A few doses of ergot are administered to maintain the uterine contraction, and the patient usually makes an excellent recovery. At the Rotunda Hospital, since this plan of treatment has been introduced, it has been used to the exclusion of perchloride of iron.

ANTEPARTUM MANAGEMENT OF THE NIPPLES.—Dr. Sloan, of the Glasgow Lying-in Hospital, recommends in the *Obstetrical Journal of Great Britain and Ireland* as a nipple "hardener" the following: A large teaspoonful of dry tea is put into a two ounce vial, one ounce of brandy and a quarter of an ounce of glycerine are added; and, after a few days with occasional shaking the solution is ready for use. For two or three months previous to parturition the nipples should be washed every night with cold water and glycerine soap, dried and the above solution carefully brushed over them and around their base. This is left on all night and in the morning lard is rubbed in.

FORMULARY.

FOR CHRONIC EMACIATED CHOLERA INFANTUM.

℞. Hydrarg. Chloridi Mitis.....gr. i
Ipecac.....gr. jv
Pulv. Zingiberis.....gr. viij
Sacch Albi.....3 ss.
Mix. Div. in partes no xiv.
Sig. Give one after each evacuation.

OINTMENT FOR PILES.

℞. Powdered Opium.....30 grains.
Tannin..... 1 drachm
Carbolic acid.....15 drops
Oil of Tobacco.....10 drops
Solution Subacetate of lead.....20 drops
Simple Ointment..... 1 ounce.
Mix. To be used morning and night.

INDELIBLE INK.

℞. Aniline black..... 1 drachm
Hydrochloric Acid.....60 drops
Alcohol.....1½ drachm.
Rub well up in a mortar and add a hot solution of 1½ drachms of gum arabic in 6 ounces of water.

FOR FRECKLES.

℞. Zinci Sulpho-carbol.
Glycerinæ.
Aq. Rosæ.
Spts. Vini Rect.
Mix.
Sig. Apply twice a day and wash off after half an hour or so.

ANTI-HERPETIC LOTION.

℞. Hydrarg bi-chloridi..... 10 centigrammes.
Ammon. muriatis..... 2 grammes.
Spts. vini rect..... 15 "
Aq. Dest..... 15 "
Dissolve the mercury and ammonia in the alcohol and water and then add
Emuls. Amygd. Amar.....500 grammes.
Mix. A very useful lotion in pityriasis, acne, and chronic eczema.

FOR PRURIGO.

℞. Acidi carbolici..... ʒ i.
Acidi Hydrocianici..... ʒ j.
Morph. Sulph..... gr. vj.
Hydrarg chlor. corrosivi..... gr. vj.
Glycerinæ..... ℥ xij.
Mix. SIG.—Apply to the itching part.
Louisville Medical News.

FOR FALLING OUT OF HAIR.—Erasmus Wilson recommends a lotion composed as follow:

℞. Liq. Ammon, fort,
Ol. Amygd.
Chloroformi.....āā ʒ i.
Spts. Vini *vel.*, spts. rosemar..... ʒ v.
Ol. Limonis q. s. to flavor.
Mix. This should be rubbed on the scalp after thorough friction with the hair brush. There are cases in which it should be used with caution, or largely diluted.

ANALYSIS OF "CHICKEN POWDER"—a substance largely sold and recommended for "general health and condition" of poultry:

Ground Wheat	40	parts.
" Corn	5	"
Crushed Oyster shells	20	"
" Bones	25	"
Ferric hydrate "Colcathur" or "sub carbonate"	5	"
Cayenne Pepper	2	"
Silica, Alumina, Magnesia	3	"
	100	parts.

(*Henry B. Parsons, Univ. of Mich.*)

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, APRIL 25, 1878. No. 7.

EDITORIAL.

COPYRIGHTED NAMES OF MEDICINES.

Pharmacy has risen within the memory of even middle-aged men from a mere mechanical business to the rank of a profession. It has been made a specialty by educated men, and is to-day a worthy hand maid to the profession of medicine proper. Through a proper division of labor much that was formerly the physician's duty to see to, has been relegated to the pharmacist. This arrangement is a most advantageous one to the physician, whose attention can now be given to more profitable work. The relation between the two professions has through this arrangement become a very intimate one, and the physician's success as a therapeutist is largely dependent on the pharmacist's skill and integrity. The existing relations are, moreover, fostered by a mutuality of interest, for while the physician is under certain obligations to the pharmacist, the latter is dependent on the former for his very existence. It follows then that these relations should never be disturbed by any objectionable act or conduct on the part of either toward the other. Self-interest, if no higher motive should obtain, forbids it.

There are few things of which the reputable physician is more jealous than of his code of ethics. He will forgive many things with better grace than he will a violation of any of the articles of his professional faith. He regards his code as the surest bulwark against charlatanism and quackery, and as such it has become endeared to him.

This code has a clause which we shall quote with a view to touching on certain practices in which physicians are interested, and on which it has a bearing:

"It is derogatory to professional character for a physician to hold a patent for any surgical instrument or *medicine*; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficience and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or *fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.*"

This is, we think, quite explicit, and only formulates what humanity and a true philanthropy dictate. We have italicized a certain portion as bearing directly on an evil on which we purpose saying a few words.

Within the last few years the spirit of invention has been quite rife among our pharmacists, and some articles have been introduced by them of real and recognized merit. For these preparations themselves the medical profession is under great obligation, and it is a source of regret that aught connected with them should make it a compromise of the physician's standing for him to use them. The credit due some of our pharmacists has been depreciated by their having their preparations copyrighted, and thus making it impossible for the physician, who is jealous of his professional good name, to give them countenance. The physician, we have seen, who in any way uses or "promotes the use" of a copyrighted ("a patent or secret") medicine, does so at the expense of his integrity. The fact that these preparations are presented to his notice through the advertising columns of his medical journal, and not through illuminated posters on fences and dead walls, or through the patent medicine man's almanac, while it may possible to a certain extent paliate his breach of the ethics of his profession, by no means condones it. He does what is "inconsistent with beneficence and professional liberality."

We presume, however, that the manufacturer suffers considerations of beneficence and liberal-

ity to but slightly control him. His purpose is dollars and cents, and, as far as that goes, it is perfectly proper, but we do object to his seeking it by an imposition on us. We do not care at this time to select any particular preparation, as that might seem invidious; but we are advised that there are several preparations in the market, which, by means of the copyright on them, are kept at prices from fifty to seventy-five per cent. higher than they could be sold at with a reasonable margin of profit, were competition allowed in their manufacture.

The question forces itself home upon the physicians of this country, whether they will longer suffer themselves to be made the dupes of this "fraudulent avarice," and that, too, in addition to being asked to compromise their standing as enunciated in their code.

The preparation of drugs into fluid and solid extracts, elixirs, tinctures, etc., and their combination into eligible compounds is legitimate pharmacy, and should be encouraged, but no manufacturer has a right to protect any preparation with a copyright, thereby shutting of competition and creating a monopoly.

It may be asked, "why do you give place in your advertising columns to a notice of these objectionable remedies?" and the question is a timely one. It fortunately happens that the NEWS is singularly free from liability to any such charge. Its object is to further the interests of only legitimate medicine, but it does not unqualifiedly condemn journals whose advertising columns contain these objectionable advertisements. Many journals are owned by publishing houses, who could not meet expenses without the liberal aid which the advertisers of copyrighted medicines are able, from their immense profits, to pay. In many instances also, of our leading medical journals, the editors have no control of the business management under which head advertisements come. They should be, however, and doubtless are, the masters of their editorial columns, and as such they are directly responsible to their brethren for what appears there, and any editor, lacking the stamina to resist the pressure, which is brought to bear on all of us at times, to secure editorial endorsement of objectionable and copyrighted medicines, is out of place in the editor's chair. He is not of the stuff that the conservators of professional integrity is made of.

It lies in the power of the editorial fraternity, also, to render odious and unprofitable this practice, on the part of some pharmacists, of persistently and systematically violating the ethics of the profession. Let them call the attention of their readers to the evil, which possibly is not generally known to exist, and there is, we doubt not, an *esprit de corps* in the profession which will rally them to the discomfiture the patent medicine men, whose unwitting dupes they have been. When copyrighted preparations are drugs on the market, their manufacturers will awake to the fact, that they cannot profitably carry on a traffic which the profession denounces as nefarious. J. J. M.

MEETING OF THE STATE MEDICAL SOCIETY.

We direct attention to the call "by order of the President" for the meeting of the State Medical Society, at Lansing, on the 15th prox. We are pleased to note that *this* meeting is called in the interests of "rational medicine and scientific knowledge." It is gratifying to observe that, as far as the knowledge of its officers extends, nothing of an extraneous nature is to distract the minds of the members of our State Society at its approaching meeting. We believe that the large majority of the members will be disappointed and disgusted, should any attempt be made to open up old sores. We have no guarantee, however, that they will not be doomed to disappointment and disgust. Unfortunately there is no law against a man's making himself ridiculous and contemptible, and it is but possible that some imperfectly balanced individual, itching after a little notoriety, will endeavor to revive the University-homœopathic squabble. We are indeed advised that such an attempt is contemplated. Whether the individual who will make it, will do so on his own responsibility or act as a tool in the hands of others, can only be determined by the manner in which his attempt is received. If the profession has had a surfeit of the squabble, which has distraught it for the past three or four years, and are anxious to redeem the State Society from the control of politicians and wire-pullers, and conduct it in the interests of "rational medicine and scien-

tific knowledge," they will, promptly and without debate, table any resolutions of an incendiary nature that may be introduced. Such a course, and such a course only, can save our State Society. There is in it certainly a respectable minority, if not a majority, who have tolerated the machinations of mischiefmakers thus far, only with a hope that the society might eventually right itself. They have now reached the limit of forbearance and should their hope that the coming meeting may be conducted in the interests of "rational medicine and scientific knowledge," not be realized, they stand ready, and with means devised, to take such action as will secure an annual meeting such as the interests of the profession in this State demand.

J. J. M.

The following have remitted since our last issue, April 10th:

Michigan.

J. L. Johnson, W. W. Bredin, James Wright, Geo. C. Palmer, S. M. Wilkins, Thornton, Lewis Wood, R. N. Murray, S. J. Small, C. W. Dolley, H. S. Buel, R. Murphy, G. K. Johnson, D. Hyndman, J. D. Minard, R. M. McIntyre, S. S. Parkhoust, O. P. Daly, A. S. Austin, A. J. Mead, L. R. Wisner, G. B. Allen, D. Todd, G. C. Saur, A. M. Gerow, C. S. Watson, C. H. Haun, A. W. Riker, H. K. Lathrop, Chas. A. Carle, W. E. Austin, C. Howell, F. M. Garlick, N. A. Dryer, John Parr, W. J. Taylor, A. B Chapin, D. P. Machlachlan, T. D. Quinn, O. F. Burroughs, E. J. Ross, W. T. Maiden, S. Volland, L. Hyatt, G. S. Winston, Wm. E. Dockry, C. O. Adams, B. F. Root, A. H. Weston, T. D. Bradfield, S. Herres, T. S. Reynolds, J. S. Caulkins, M. Crane, J. F. Failing, M. S. Brownson, C. Shepard, McKellar, J. Robinson, W. J. McHench, D. V. Yerex, S. R. Wooster, A. C. Miller, John Kapp, S. C. Lacey, A. H. Daniels, C. E. Hait, W. Hyndman.

Ohio—N. McBride, S. B. Permar, C. N. Lyman, John French.

Indiana—Mühlhausen & Gumberts.

Illinois—N. Patterson, T. W. Forsher, H. W. MacLanahan, C. H. Lovewell.

Kansas—E. B. Rentz, E. Tefft & Son, C. S. Nelles, J. J. Wright.

Missouri—H. C. Spears, J. B. Dibrell, James Hall.

Iowa—C. F. Clingan. *Connecticut*—S. C. Newton. *Pennsylvania*—W. L. Matthews, E. T. Burnside. *Kentucky*—F. F. Porter, W. H. Hunt. *Ontario*—Waters.

ORIGINAL ARTICLES.

PUERPERAL ECLAMPSIA—WITH REPORT OF CASES.

By Thos. H. Briggs, M. D.

Eclampsia and epilepsy may be closely allied, but yet they are distinct. I have been taught that there are great characteristic variances between them. While it is the exception to find epilepsy that is not preceded by its aura, in eclampsia there is no warning. Epilepsy occurs in both sexes, while eclampsia is only manifested, after maturity, in pregnant or parturient females. Epilepsy becomes chronic and lasts through years; rarely destroys speedily. Eclampsia is an acute condition, a few hours generally deciding the issue. With the utmost of knowledge yet obtained, its pathological phenomena are speculative. Its autopsic conditions give no satisfactory light. Dr. Beardsley said that during a practice of 29 years, and in 1128 pregnant females, he had met only seven cases of eclampsia; three of these were in primiparæ, two had had several children, one in the sixth month of gestation, one subsequent to labor. He also stated that he had conversed with physicians of twenty years' experience, who had not met with a single case. Madame La Chapelle makes some remarkable statements on this subject.

I have met with six cases of eclampsia in my practice during the last eight years, four occurring during labor, and two subsequent thereto. The first case was that of Mrs. G. S., July 26, 1871; primipara, full, plethoric habit, nervo-sanguine temperament, twenty-eight years of age, of American parentage. Convulsions manifested during the first pains of labor. I put her rapidly under the influence of chloroform, producing all its effects with no benefit, but rather injury to my patient. I then bled her freely from a large opening until she fainted, with complete relief. Labor was completed in about four hours, and consciousness returning in about two hours after.

Case 2. Mrs. R. G., March 29, 1873; primipara, aged 20 years, nervo-sanguine temperament, anæmic; had been delivered of a male child about six hours before I saw her. The first convulsion occurred four hours after completion of labor. I used all the ordinary means, which produced no benefit. Called in Drs. Stillwell and Porter of Kalamazoo, who were also unable to give her any relief, and the patient died thirty hours from the first convulsion.

Case 3. Mrs. K. took with labor June 29, 1873. Primipara, sanguine temperament, plethoric habits, 21 years of age. Eclampsia manifested with the first pains of labor. I bled her freely until she fainted, which completely arrested the convulsions. Labor was completed normally in four and a half hours.

Case 4. Before reporting this case I will give a portion of the patient's family history. She had lost two sisters with eclampsia; they died, one during parturition, the other subsequently thereto. I could learn nothing in regard to the treatment of them, only that they had been in the hands of intelligent physicians. One died in four hours, the other in twenty-four. This case, Mrs. W., was taken with labor August 30, 1874. Nervous temperament, powerful muscular development, anæmic. She had been delivered of her second child about two hours before my seeing her. She was strictly convulsed and in her seventh convulsion when I first saw her. There was partial coma, loss of vision and all the kindred phenomena of eclampsia. I gave her a cathartic, freely evacuating the bowels, and during the next 24 hours gave her ergot,

opium, chloroform and bromides, which gave her no relief. I believed bleeding to be contra-indicated, and furthermore believed her case to be hopeless. Convulsions followed each other with the greatest rapidity and force. As a dernier resort I applied the following: I applied a moxa, three and a half inches wide, from the tubercle of the atlas to the fourth lumbra vertebra, and applied to this surface six tumblers and cupping as powerfully as possible. The convulsions ceased from the moment of this application. The patient remained in a comatose condition until the sixth day, when consciousness with partial vision returned. At the end of the fourth week she was able to attend to her ordinary duties and made a complete recovery.

I have only one more case to call attention to, that of Mrs. K. Nervo-sanguine temperament, primipara, plethoric. Convulsions manifested during the first pains of labor on Nov. 4, 1873; applied moxa and two cups; convulsions immediately ceased and I delivered naturally in a few hours. Possibly bleeding would have produced the same result in this case, and I believe it to be the safest procedure generally.

The conclusion that I should make from my limited experience is that the cause of eclampsia is a reflex irritation from the uterine to the cerebro-spinal system, and to subdue this condition relieves the patient. If it arises from plethora, venesection is the best and safest means that we can use, and it should always be carried to the extent of complete relaxation, and the labor, in its first stage, left to natural forces. In those cases, occurring subsequent to labor, in anæmic patients, I believe the moxa with the cupping to be the best means in our hands. Chloroform, ergot and opium are all contra-indicated.

Mattawan, Mich.

A UNIQUE CASE.

By Donald Maclean, M. D., Professor of Surgery in the University of Michigan.

Mr. and Mrs. W. D. called upon me on the 19th June last and handed me a letter from Dr. Allen, of Charlotte, asking my attention to the case of their son, *aet. three years*, who was suffering from a painful swelling of the right upper jaw. The doctor's diagnosis, as stated in his letter, was *abscess of the antrum.*

On examination I found the face much swollen on the affected side, the lachrymal-duct seriously obstructed, and the skin irritated somewhat by the flow of tears. On looking into the mouth, which was done under chloroform, pus was observed exuding from the middle of the alveolar process in right side. The introduction of a small probe into this little sinus at once revealed the presence of a minute scale-like exfoliation, which was easily removed by means of a small dissecting forceps. This done, I at first supposed that there was nothing more to do, and as the parents were extremely nervous about the anæsthetic I was not unwilling to believe that the time had come to permit a restoration to consciousness, and so relieve their apprehensions.

A moment's reflection, however, induced me to suspect that the exfoliation, which had just been removed, was insufficient to account for all the conditions present, and I therefore insisted upon a more prolonged exploration. On passing the probe into the opening in the alveolar margin, it at length appeared to touch something in the antrum, which appeared to be unattached. Accordingly I used a pair of pointed dressing forceps to increase the calibre and the little sinuous channel in the alveola, and then I had no difficulty in seizing, and by the exercise of some force withdrawing *the perfectly developed crown of a permanent molar tooth*, with a little mass of glandular structure, which reposed in the concave surface from which the fang should naturally have projected.

No other treatment was advised, and some months afterwards I saw the little patient in good health and much improved as regards the facial deformity.

The specimens derived from this case are now in the possession of Prof. Taft of the Dental College of this University, by whom they were recently presented at the meeting of the State Dental Association, the members of which were unanimous in the opinion that the case is an unprecedented one.

CASE OF DEATH FROM CEREBRAL SOFTENING MISTAKEN FOR STRYCHNIA POISONING.

By D. W. Flora, M. D.

As coroner for the county of Newaygo I made a post-mortem examination on the 7th of August last of the body of an old man, aged 70 years. At 6 o'clock A. M. of the same day a physician, who had been called in, found the patient in convulsions, from which he jumped at the conclusion that there had been foul play, and that the man had been poisoned by strychnine. Two hours previous to this the old man had fallen in a fit. The son-in-law stated that the spasms came on after he had been removed to bed, and that one side was more convulsed than the other. The physician in attendance administered 20 grains of tartar emetic (!) and that failing to vomit, he gave three teaspoonfuls of bella-

donna, (tincture probably) which, however, did no good. The patient died at 11 A. M.

The post-mortem, conducted by Dr. Manley and myself, revealed a patch of softening, of the size of a walnut in each of the posterior lobes of the cerebrum, the right being rather larger than the left. The adjacent brain substance was also softer than normal.

The lungs were everywhere adherent to the costal pleura. The spleen was smaller than normal and so completely disorganized as to resemble a dark clot of blood. A portion of the lung was also hepatized. The heart was healthy. The left kidney was a mass of fatty degeneration, and the right had partially undergone the same change.

Although he had made no analysis, the physician, in attendance immediately before death, pertinaciously clung to his opinion of strychnia poisoning, and under his advice the coroner's jury, which was empaneled by a local J. P., brought in a verdict to that effect, and that, too, before the *post-mortem* had been made.

The stomach, with contents intact, was sent to Ann Arbor for examination. Dr. Douglas, however, who made the analysis, failed to discover the strychnia. The walls of the stomach were found to be of a bright pink hue, probably from the larger dose of tartar emetic that had been administered.

The convulsions and death were stated by Dr. Manley and myself to be due to the cerebral softening and the destruction of the kidney. In this opinion Dr. Van Deusen of the State Insane Asylum concurred and the chemical analysis corroborates it.

This case I consider of enough interest to report. It carries with it a moral which the readers of the NEWS will probably not be slow to discover.

Newaygo, Mich.

KOLPORAPHIA ANTERIOR.

By WM. PARMENTER, M. D.

On the last day of October last I assisted Dr. A. B. Adams of Kalamo and Dr. Berry of Bellevue in performing this operation upon a lady upwards of sixty years of age, in the town of Kalamo, Eaton Co., Mich.

The operation was performed according to the method described by Marion Sims, with the modification proposed by Dr. Emmett, of freshening the base of the triangle, as well as its sides. Thirteen silver wire sutures were introduced.

On the 14th of November I assisted Dr. Adams in removing the sutures, and found the cicatrix perfect throughout its entire extent.

The patient being yet troubled with rectocele, an operation of kolporaphia *posterior* was performed on the 10th of Apil, 1878, by Dr. W. H. Young, of Nashville, Mich., assisted by Dr. Adams and myself.

An opportunity for a minute examination of the results of the former operation was thus afforded. It was found that although the cicatrix remained firm and hard, yet there were a number of small openings, in a line parallel with the cicatrix and about a half inch from it, through which the subjacent tissues were protruding.

It appeared as if the overstretched mucous membrane was giving way, not in the cicatrix, but to one side of it; and the opinion was expressed that it was only a question of time, when the entire result of the operation will be negatived by this process. May it not be true that in this way many other cases have failed of permanent success?

Vermontville, Mich.

SYCOSIS—TREATMENT BY LOCAL APPLICATIONS OF HYDRIC ACETATE.

By H. F. SIGLER, M. D.

I have met with five cases of this troublesome affection during the past winter. These patients were all patrons of the same barber, and undoubtedly received the disease from a common origin. All were temperate young men and of exemplary habits.

Three of these patients I saw during the first eruption, and they rapidly recovered after several applications of the acid. The remaining two cases, when I saw them, presented a much different appearance. The subcutaneous tissue was swollen and indurated. The parts red and painful, exhibiting pustules intermingled with yellow scabs matting the beard together and presenting a very unsightly appearance. These patients had been treated by another physician with various remedies, both local and internal. I applied hydric acetate every alternate day and gave potassic iodide internally, and in about three weeks both were discharged cured.

I mentioned this plan of treatment to a medical friend of mine, who promised to try it at the first opportunity. I have since received a line from him, in which he stated that he had successfully treated a case of one years' standing with this remedy.

Pinckney, Mich.

CHLORAL HYDRATE AS A COUNTER-IRRITANT.

By F. M. GARLICK, M. D.

During the past two years I have used chloral hydrate in all cases requiring counter-

irritation, and find it a very excellent revulsive agent. It is very active in its action, often producing complete irritation in from two to five minutes. I usually powder and sprinkle on damp paper, and apply, moving from place to place or removing when the patient cannot bear it any longer. After the application of the chloral I either apply a cloth wet with cold water, or apply simple ointment, lard or sweet oil, which arrests the heat. I have used it in pneumonia, pleurisy, peritonitis and cerebro-spinal-meningitis with good results. The effects are not fugitive, continuing in many cases several hours after the removal of the chloral. Its points of recommedation are, its neatness, rapidity of action, and continued effect.

Port Sanilac, Mich.

MISCELLANY.

Meeting of the State Medical Society. The thirteenth annual meeting of the Michigan State Medical Society will be held at Lansing, commencing at 10 o'clock A. M. on Wednesday, May 15th, 1878, and continue in session two days. All physicians in Michigan are cordially invited to attend this meeting and contribute their efforts to its interests, and the interests of all desirous of promoting the cause of rational medicine and scientific knowledge.

Arrangements have been made with the Lake Shore & Michigan Southern and Detroit & Milwaukee Railroads to return medical men attending the Society, at one cent per mile, on their furnishing a certificate from the Recording Secretary of the Society, that they have been present at the meeting and have paid *full fare* over said roads on their way to the meeting.

The Chicago & Port Huron Rail Road will ticket all members of the profession, from all stations, at two cents per mile each way, on declaring their intention to attend the meeting.

The Michigan Central, Detroit, Lansing and Northern, and Grand Rapids & Indiana Railroads will sell *Round trip* tickets at two cents per mile, each way, on presentation of certificate of identification, issued by said roads.

If *early application* is made, the Recording Secretary of the Society will send certificates to all physicians, who have not received them and who may wish to travel over one or more of the last named roads, going to and returning from the meeting.

By order of

Foster Pratt, M.D., *President.* Geo. E. Ranney, M.D., *Rec. Sec'y.*

Grand Rapids Correspondence.—Although we have something of interest in our medical world here almost every day, it is not often it comes under the head of practicable matters suitable for the News. For instance, Dr. Shepard has performed ovariotomy again since I wrote you, but as the case had no especial features of interest, there is no chance to make a note of it.—Again we had a post-mortem the other day in a case which proved to be nephrophthisis, but nothing in the history or treatment developed anything new, or confirmatory of anything new.

Perhaps, however, a question asked at our Medical Society the other evening, with the views upon it, may be interesting. The question was: What shall be done, and when, in a case of congenital hydrocele? The affection is not very common. The case in question seemed to be somewhat aggravated, as the scrotum was dense and as large as an egg. Dr. Chipman stated he had tapped one that was quite large in a child several months old, with a hypodermic syringe needle, with good results. Drs. Shepard and Johnson advised letting them alone, stating that after a time the effusion became absorbed. Dr. Wood stated he had had a case in which the the testicle was yet in the inguinal canal, and considered that to be the cause of the affection frequently; that as soon as the the testicle came well into the scrotum the fluid would be absorbed; therefore he advised letting them alone.

Yesterday quite a number of our prominent physicians came together, with the purpose of taking some steps to organize a district society, perhaps embracing the Grand River Valley—certainly at least the three counties of Kent, Ottawa and Ionia. A committee, consisting of Drs. A. Platt, J. O. Edie and Jno. Brady, was appointed to draw up a plan for organization, etc. Gentlemen interested in such a society in this vicinity, will enhance the interest in the matter by corresponding with either of the above. A. H.

More Maxims of Success.—The *Louisville Medical News* supplements Dr. Symes' three maxims of success as follows: 4. "Better compete with a hundred doctors than a poor neighborhood. 5. Make it a personal matter to be called a 'promising young man.' The world wants performers only. 6. Don't talk too much. The owl wins in medicine. 7. Nineteen perssons out of twenty employ a doctor to give them physic. Unmixed advice has a doubtful market value. 8. Don't spend your time wondering how your neighbor got his practice. Stick to your own and it will probably grow. 9. Keep your eye on the man whose talk is always ethics. 10. Sub-

scribe for the NEWS." To this last maxim, we lend our endorsement without any evasion or mental reservation whatever.

A LEECH BAROMETER.—The following is a simple way of making a "leech barometer." Take an eight ounce phial, and put in three gills of water and a healthy leech, changing the water in summer once a week, and in winter once a fortnight. If the whether is to be fine the leech lies motionless at the bottom of the glass, and coiled together in a spiral form; if rain may be expected, it will creep up to the top of its lodgings, and remain there until the weather is settled; if we are to have wind, it will move through its habitation with amazing swiftness, and seldom goes to rest until a high wind begins; if a remarkable storm of thunder and rain is to succeed, the leech will remain for some days before almost continually out of water, and show great uneasiness in violent throes and convulsive-like movements. In frost, as in clear summer-like weather, the leech lies constantly at the bottom; and in snow, as in rainy weather, it moves to the very mouth of the phial. The top should be covered with a piece of muslin.—EDWIN S. CLOUTMAN in *Scientific American.*

THE TEMPTATION OF PHYSICIANS.—In the admirable valedictory address of Dr. William Goodell, before the graduating class of the medical department of the University of Pennsylvania, occurs the following passage, which cannot be too deeply pondered by every one of our profession.

"Do not, oh friends, oh brothers, do not, I beseech you, be cajoled, either by the ties of friendship, by the tickle of flattery, or by the glitter of gold, into doing anything that involves the loss of self-respect, and of professional dignity; into doing anything that is not right. Have "a keen and precious hatred" of everything bad, for strong, very strong temptations will be thrown in your way, hard, very hard to resist. The honor of a family is at stake, and you will be besought to save it. A man of doubtful sanity lies a dying, and you will be asked to yield to a friendly bias in giving evidence in favor of his mental vigor and testamentary capacity. A crime has been committed, and the tears and appeals of the criminal's kin will be brought to bear on you, to give such evidence as shall tend to make him irresponsible. A patient with some organic disease, or of intemperate habits, will wish to affect an insurance on his life, and you, fearful of giving umbrage, will be sorely tempted to to testify to his soundness or sobriety. You will be called upon to explain the absence of some pleasure-seeking official, by giving a certificate of illness. When summoned to courts of law as medical experts or as medical witnesses, you will find it hard to resist an unbecoming bias toward your client. Before the paint on your sign is fairly dry you will be approached by those who spurn the tender name of mother. Turn, therefore, a deaf ear to all such appeals, and swerve not a hair's breadth from strict uprightness. He who barters honor and honesty for gold gains nothing but the contempt of those who use him as their tool. Remember, besides, that you will one day answer for it, unless you keep your hands and your heart clean, before God aud man."—*Medical and Surg. Reporter.*

MEDICAL APHORISMS.—"Quinia performs its offices by means of its antiseptic powers; is an antiferment. It may produce permanent deafness. It arrests inflammation in its forming stage, and is excellent in scarlatina, variola and rubeola."

"Alkalies, in the treatment of rheumatism, are losing ground; and quinia, blisters and cold baths give better results."

"The sulphites, vaunted by Polli, are of no avail."

"Blue Lick water (of Kentucky) is useful in abdominal plethora and obesity. Hæmorrhoids and engorgement or the pelvic viscera are relieved by it, and excellent results are obtained from its prolonged use in glandular affections, hepatic, splenetic, uterine and prostatic.

"Numerous cases of spinz bifida have been cured by injection of tincture of iodine."

"Mercury increases the flow of bile, not by augmenting it secretion, but by producing reflex constriction of the gall-bladder, mechanically forcing out the bile."

"Spare women, by warm baths and inunctions of oil, may acquire flesh and roundness of form."

"Phosphorus is the best remedy for impotence. Oleum phosphoratum consists of twelve grains of phosphorus, and one ounce of olive oil. Dose, five to ten drops."

"Fowler's solution, in drop doses before meals, arrests the vomiting of pregnancy, and also the vomiting of chronic gastric catarrh from alcohol. Lienteric diarrhœa is cured by arsenic."

"Permanganate of potash relieves the condition in which lumbar pain, frequent micturition, and urine with profuse brick-dust sediment and intestinal indigestion, are associated symptoms."

"Chloride of gold and sodium in 1-20 grain doses, thrice daily, will relieve nervous dys-

pepsia; prevents decline of sexual power, cures sterility, and likewise weak and ineffectual erections and diurnal seminal emissions."

"Chloride of gold, in 1-20 to 1-30 grain doses, produces remarkable improvement in chronic Bright's disease."

"Seminal troubles that are relieved by gold are aggravated by bromide of potash, and *vice versa*."

"Alum is the best cure for lead colic, and relieves the pain and nausea more certainly than any other remedy."

"Digitalis possesses great utility in scarlet fever. It lowers the temperature, and maintains the action of the kidneys."

"Belladonna has real cnrative powers in erysipelas, and without doubt has power to arrest lacteal secretion."

"Opium is the most important agent we possess in the treatment of various inflammations."

"Aconite is of the highest value in the eruptive fevers, especially in scarlatina. It lowers the temperature, promotes diuresis and diaphoresis, and checks nasal, faucial and aural inflammations. In measles it arrests the the catarrhal pneumonia. In idiopathic erysipelas we have no better remedy; and in cerebral and spinal meningitis, prior to effusion, aconite is as serviceable as in other inflammations."

"Salicylic acid in typhoid fever, erysipelas, acute rheumatism, pneumonia, phthisis, etc., is only second to quinia as an antipyretic. For intermittents it seems nearly, if not quite, equal to quinia."

"Aqua puncture is so decided in its relief of pain, that some physicians contend that the anodyne effects of hypodermic injections of morphia are due to the water, and not to the opiate. The injection of water, to be efficacious, must be near to the seat of pain. In facial neuralgia, sciatica, lumbo-abdominal neuralgia, lumbago, uterine colic, and irritability of the bladder, aqua puncture possesses extraordinary power. In paralyzed and wasting muscles, it promotes nutrition of the muscles and contributes to the regeneration of muscular power. Thirty to sixty minims of water should be injected at the painful points; and if no relief occurs in ten minutes, repeat the remedy."

"An ingenious use of bicarbonate of sodium to produce emesis, applicable in narcotic poisoning. Sufficient soda is first swallowed, and immediately after a suitable proportion of tartaric acid is taken. Brisk effervescence ensues, thoroughly emptying the stomach."

"Arsenic may cure epithelioma; is useful in scirrhus, and palliative in uterine cases."

"Eucalyptus, though an unequalled remedy in catarrh of the bladder, is a very inferior antiperiodic."

"Hydrastia stands next to quinia as an antiperiodic; is useful in all the conditions in which quinia is used, and is an excellent injection for gonorrhœa.

MODIFICATION OF HODGE'S PESSARY.—In my item in the number of the NEWS of the 10th inst., concerning a particular modification of Hodge's pessary, a typographical error occurs, which obscures the point I wished to make. I did not intend to say *fasten* the Hodge to the improvised wire stem, but to *fashion* or form the Hodge pessary of the proper size and shape out of the covered wire where it is bent in the middle, and the remainder of the wire will go to form the stem. Thus the whole thing is improvised, pessary, stem and all, and fitted to the case in hand. It is easily made and cheap, and answers an excellent purpose.—H. R. MILLS.

MICHIGAN STATE BOARD OF HEALTH.—The regular annual meeting of this Board was held at Lansing, Tuesday, April 9, 1878, the following members being present: Dr. R. C. Kedzie, President, Hon. Le Roy Parker, Rev. D. C. Jacokes, and Henry B. Baker, Secretary.

It being the annual meeting, President Kedzie presented his annual address, entitled "The Work of the State Board of Health," in which he gave an account of the past work of the Board, and outlined its work for the immediate future.

Among the many duties which the Board had performed since its organization about the first effort was for the establishment of well organized and effective Boards of Health in every township, city and village throughout the State, securing the appointment of a Health officer by every Board of Health, and then bringing the State Board of Health into communication and active co-operation with all these local Boards of Health, thus gaining two important objects: (1) having an effective channel for imparting information; (2) having organized bodies through which the statistics in regard to public health could be gathered from all parts of the State. Besides this the Board had secured the assistance of many physicians throughout the State, receiving from them many valuable reports, communications, and replies to circulars regarding the cause and progress of various diseases. He referred to the general plan of work within the Board by distributing the duties to regular committees on different subjects, and claimed that every State Board of Health

subsequently organized had approved of the plan by adopting it.

Dr. Hitchcock made a report on the subject "Tomatoes and Cancer," which had been referred to him at a previous meeting. He based his conclusions on replies of correspondents of the Board throughout the State. There seemed to be no evidence showing that tomatoes cause cancer; and the source of the notion was traced to a quack professor in an institution that sold diplomas in Philadelphia, who claimed to have found cancer cells in the tomato.

Dr. Kedzie was asked to attend the meeting of the American Social Science Association at Cincinnati, May 18 to 24; and Dr. Baker was asked to attend the coming meeting of the American Public Health Association.

PARAGRAPHS.

We have received with the "Compliments of the Detroit Academy of Medicine" a reprint from the Detroit *Lancet* of a paper on "Medicinal Plants Indigenous to Michigan," by Dr. A. B. Lyons. It is a good paper and of especial interest to the medical men of this State.

The late Dr. Blundell's opinion of the obstetric forceps has left its indelible impression upon many of our venerable confrères: "I do not like to see an elegant pair of forceps. Let the instrument look like what it is, a formidable weapon." "*Arte non vi* may be usefully engraved upon one blade, and *Cave perineo* on the other."

An Esquimaux woman on exhibition in Brussels has lately been the subject of some experiments, the result of which has proven her milk to contain less salts, and more sugar and fat, than that of her European sister.

The latest homœopathic specific is dog's milk, and it is declared by a savant of that school, known to fame as Dr. Swan, to cure malignant diphtheria. He recommends it, moreover, in its millionth potency.

Mr. Lister has demonstrated by the removal of the vocal cords, rendered necessary in removing a large papillomatous tumor, that those organs are not necessary to articulation. Vocalization was accomplished by the vibration of the aryteno-epiglottic folds.

The Supreme Court has reversed the judgment of the inferior Court and has ordered a new trial in the recent action for malpractice against Dr. H. O. Hitchcock, of Kalamazoo. It has also ruled on certain points, raised at the trial, in a manner which will have a tendency to improve the cause of the defense in the event of a new trial.

In the suit brought against Dr. Van Deusen, late of the State Insane Asylum, for the unlawful admission of a female patient to the institution, of which he was at the time superintendent, and for her detention there, though she was not insane, the jury returned a verdict against the defendant and assessed damages at $6000. The case will probably go to the Supreme Court.

The Medical College of the Pacific has caught the spirit of progress and has determined to advance its standard of requirements of graduates, to conform with those of Harvard and the Universities of Michigan and Pennsylvania.

A conclusive reply has been given to Mr. Mallock's clever articles in the *Nineteenth Century*, entitled: "Is Life worth living?" The answer was: "It depends on the *liver*."

"But the angels came and took him" is an obituary phrase of such frequent use, as to demand that the Board of Health should investigate it. In fact, the angel disease, whatever it is, seems to be epidemic.—*Med. and Surg. Reporter.*

It seems also to be taking.

Medical Reform in England.—An almost revolutionary medical bill is before the House of Lords. It requires that when a person sets up to be a "general practitioner" he must register himself as intending to practice medicine and surgery, and he will not be registered unless he has a diploma in both branches. Dentists are to pass an examination and be registered—an entirely new thing in England, were hitherto, as in free America, any jaw-breaker might tamper with people's teeth. Midwives who can pass a certain examination, are to be registered.

Strive, while improving your one talent, to enrich your whole capital as a man. It is in this way that you escape the wretched narrowmindedness, which is the characteristic of everyone who cultivates his specialty alone. —*Bulwer.*

The first resection of a caries head of the humerus was performed by White in 1768; resection of the elbow-joint by Moreau in 1782; of the head of the femur by White in 1769; of the knee-joint by Park in 1762.—*Bilroth's Surgery*, vol. 2, New Sydenham Society, 1878.

SELECTIONS.

ENURESIS NOCTURNA.—Dr. Kelp, in speaking of this affection in the *Memorabilien*, Feb. 20, 1878, says:

In this troublesome affliction, which generally occurs in young persons, but sometimes in the adult, but usually does not remain longer than through childhood, various remedies have been recommended and presented in practice. I have for a long time paid attention to the endermic use of nitrate of strychnia, and in some recent severe cases of enuresis obtained entire satisfaction. In one case I injected over the sacrum a solution of nitrate of strychnia, containing six centigrammes of the strychnia in seven and a half grammes of water, a half syringeful. In treating a case the injection is repeated so soon as the enuresis appears again. Usually it ceases after the *first* injection, but may appear again in a short time, until from repeated injections it entirely disappears. In December, 1877, I treated in this manner a young girl eighteen years old, who had suffered from scarlatina, who, since her long illness, for a month had suffered from nocturnal enuresis, which occurred every night, in spite of every precaution. Refraining from drinking during the evening, emptying of the bladder by getting up in the night, could not obviate the difficulty. However, after the administration of the first injection of the solution of strychnia, the enuresis ceased, but returned after several days, but after repeating the hypodermic it has never, up to this time, reappeared. The patient is a strong healthy girl, and had, *before* her sickness, never suffered from enuresis.—*American Practitioner.*

POSITION IN LABOR WITH A BREECH PRESENTATION.—Dr. J. M. Ward, of Cornelia, Mo., writes to the *Medical Record:* Some twenty years ago, I met with my first case of breech presentation, and I was so unfortunate as to lose the child. I thought I ought to have done better, and so determined to do in future cases, notwithstanding that authorities state that one in three die. I was not long in waiting for an opportunity, and when the case had so far proceeded that the breech would likely be delivered at the next pain, I placed the woman on her knees with her breast resting on the head-board of the bed, which was high enough to place the body at an angle of 45 degree. I found that I had gained a great deal over the method of delivery on the left side or back, as the woman could exert more force aided by gravitation, and then there was the best possible chance to give effective assistance. The result has been that I have never failed to save the child since I adopted that method, and I believe it should be the rule in obstetric practice. Physicians to whom I have communicated the idea approve it, and wonder that they had not been taught so simple a procedure.

VISCUM ALBUM (MISTLETOE) AS AN OXYTOCIC.—Dr. W. H. Long, Surgeon U. S. Marine Hospital Service, writes to the *Louisville Medical News* of his experience in the use of mistletoe as a promoter of uterine contraction. He has used it for over ten years and in preference to ergot. He was first led to its use by the fact that farmers in the section he lived in were in the habit of giving it to their domestic animals, when they failed to "clear" themselves, that is, expel the placenta after bringing forth their young. He has used it in a large number of cases without in a single instance failing to stimulate the uterus to contract. He believes it to be far superior to ergot—

1. Because it acts with more certainty and promptness.

2. Because instead of producing a continuous contraction as ergot does, it stimulates the uterus to contractions that are natural, with regular intervals of rest. Consequently it can be used at any stage of labor, and in primiparæ, where ergot is not admissible.

3. It can always be procured fresh, does not deteriorate with keeping, and is easily prepared.

Mistletoe may be given as an infusion, tincture or fluid extract. The infusion is made by taking two ounces of the dried or four ounces of the green leaves; pour on these one point of boiling water, cover closely and let stand until cool enough to drink. Two to four ounces may be given at a dose and repeated in twenty minutes if necessary.

Dr. Long asks the profession to give this remedy a trial, feeling assured that where this is done without prejudice, ergot will occupy a secondary place in the list of oxytocics.

CREOSOTE—PULMONARY PHTHISIS. — The use of pure creosote in pulmonary phthisis is attracting much attention here. MM. Bouchard and Gimbert report that they have treated in this way 93 patients in various stages of this disease, of whom 25 were "apparently cured," 29 very "improved," 18 remained no better, and 21 died. By "apparently cured" these gentlemen mean "a cessation of the cough and expectoration, a disappearance of the fever, an increase of the weight of the body, and such a change in the physical signs as indicates the progress of cicatrization;" while by "improvement" they

denote "a condition in which the cough and expectoration are materially lessened, the body-weight increased, and the physical indications of an arrest or diminution of the process of destruction." In a word, in 54 cases out of 93, creosote exercised a decidedly beneficial influence on the disease; and, although the efficacy of the treatment has not been tested by a *post mortem* examination, the evidence in its favor, as furnished by the alterations of symptoms and signs above referred to, seems incontestable. It appears to act in this regard chiefly by limiting the bronchial secretion, and thereby in the end by relieving the cough and inducing attacks of hæmoptisis less frequent and severe. As might be predicated on general principles it increases the appetite, restrains vomiting, and neutralizes all fœtid products. The creosote employed is a pure preparation, free from carbolic acid, having a specific gravity of 1066, forming a clear solution with collodion, and being soluble in diluted alcohol. The daily dose given varied from 40 to 60 centigrammes—6 to 9 grains—while in rare cases it was increased as high as a gramme —15 grains. The following formulæ were found specially useful: Pure creosote, 13.5 parts; tincture of gentian, 30 parts; alcohol, 2.50 parts: malaga wine, sufficient to make up a thousand parts—of which from two to five tablespoonfuls were taken daily; pure creosote, 2 parts; cod liver oil, 150 parts.—*Paris Cor. N. Carolina Med. Journal.*

BACTERIA.—Dr. Arthur Downes and Mr. T. P. Blunt presented to the Royal Society (England) the result of some very interesting observations on the effect of light upon bacteria and other organisms. The experiments were carried out in great detail, and their record is too lengthy to be given in full. The deductions to be drawn may be summed up as follows: 1. Light is inimical to the development of bacteria and the microscopic fungi associated with putrefaction and decay, its action on the latter organisms being apparently less rapid than upon the former. 2. Under favorable conditions it wholly prevents that development, but under less favorable ones it may only retard. 3. The preservative quality of light, as might be expected, is most powerful in the direct solar rays, but can be demonstrated to exist in ordinary diffused daylight. 4. So far as the investigation has gone, it would appear that it is chiefly, but perhaps not entirely, associated with the actinic rays of the spectrum. 5. The fitness of a cultivative fluid to act as a nidus is not impaired by insulation. 6. The germs originally present in such a liquid may be wholly destroyed, and a putrescible fluid perfectly preserved by the unaided action of light.

In the course of the investigations it was observed that when bacteria appeared early and in large numbers in the solutions used, the mycelium of penicillium, or other microscopic fungi was rarely seen, the bacteria apparently preoccupying the ground; when, however, the development of bacteria was from some cause retarted or prevented, tufts of delicate mycelium were frequently found in the solutions after they had been incased or removed into diffused light. No mycelium, however, appearing during the period of exposure of a solution, except under certain conditions, nor indeed afterwards if this was sufficiently prolonged.

These gentlemen, therefore, infer that light may retard, or altogether prevent, the appearance of mycelial fungi, but that its influence in this respect is slower and less powerful than upon the schizomycetes. They also suggest that this may explain, in part at least, the sparing distribution of bacteria in ordinary air, as compared with the prevalence of the spores of penicillium, etc., a fact observed by Burdon Sanderson and others.—*Medical Record.*

A SUBSTITUTE FOR COD-LIVER OIL IN SKIN DISEASES, ORIGINATED IN, OR ATTENDED BY MARASMUS.—It is well known that the "cake" which remains after the expression of linseed oil, is largely used by farmers and horse fanciers to fatten their cattle and horses, and to improve the appearance of their coats. This cake contains the principal nutrient albuminoid elements of the ground flaxseed, together with a varying proportion of the oil.

Having had of late a number of cases of cutaneous disease, in which marasmus from defective assimilation of the hydrocarbons was a prominent feature, and in which cod-liver oil was not well borne, it occurred to the writer that the oil of the flaxseed might prove an efficient substitute.

In its ordinary commercial condition, linseed oil is not a very palatable article of diet, but as met with in its natural combination in the fresh seed, is by no means unpleasant to the taste. Believing that the same effects might be expected in the human subject as are known to follow the use of linseed in the lower animals, I have made it a portion of the diet of a number of patients who were unable to take cod-liver oil in the ordinary manner.

The better qualities of flaxseed contain about thirty per cent. of oil, so that by the use of the unpressed seed, a very considerable quantity of oleaginous matter can be incor-

porated in the daily diet. The seed may be used in several ways: First, the freshly ground seed may be taken in the mouth, and thouroughly masticated before swallowing; second, it may be given suspended in milk; and third, the unbroken seed itself may be used. This last method is the one that I prefer. To carry this out, I commonly direct the patient to carry in his pocket or other receptacle a quantity of the seed, and from time to time to take a little of it in his mouth, and to chew it thoroughly before swallowing, in order to secure complete insalivation. In this way some patients will consume several ounces a day, the amount, of course, varying greatly in different cases.

Thus far this use of the seed has not been attended with any disagreeable accompaniments. The stools are rendered easy and natural, without any tendency to diarrhœa, or other unpleasant complications.

The cases of pemphigus foliaceus, pityriasis rubra, lichen planus, and lichen ruber, which were some time since exhibited at the Society, have been taking the seed in the manner indicated with very decided benefit. It will be remembered that they were all in a more or less marasmic condition when first shown. During the use of the seed, however, they have greatly improved in general nutrition and in the condition of their skin.

The ordinary seed of the drug-stores is not the best that can be obtained for this purpose. A much better article being that known as Calcutta seed. Care should be taken that it is free from admixture with other seeds, chaff, dirt, etc.

As a substitute, in many cases, for cod-liver oil, we believe that it will be found, on further trial, to fully justify our earlier expectations concerning it.

In view of the fact that there is so much sophisticated cod-oil in the market, and that an inferior article can be readily disguised under the form of an "emulsion," a substitute that cannot be readily adulterated would seem to merit the consideration of the profession, and more especially that of dermatologists, in view of what I must consider its specific determination.—Samuel Sherwell, M. D. in *Medical Record.*

Uses of Apomorphia.—This derivative from morphia was discovered in 1868. It is already a favorite in Germany; the writers in *Ziemssen* not infrequently refer to it. Its emetic properties are promptness and energy, with slight nausea and transient after-effects. It depresses much less than many other emetics. It is especially suitable for subcutaneous injections—in young, or rebellious, or obtuse subjects. In minute doses, one-sixtieth to one-twentieth of a grain, it acts as a remarkably efficient expectorant, causing a free secretion of bronchial mucus. Its usefulness is well attested in croup, capillary bronchitis, catarrhal pneumonia and œdema of the lungs. It has also been employed in epilepsy and *mal de mer.—Proceedings King's Co. Med. Society.*

FORMULARY.

In the Hospital of the University of Pennsylvania the constant use of the following pills has given the best results in amenorrhœa:

℞. Pulv. ferri sulph.,
Potass. carb. puræ, āā..... ʒ ij
Mucil. tragacanthi.....q. s.
Mix ft. pil. no xlviij.
Sig. Give in daily doses, gradually increasing until three pills are taken after each meal.

If these pills constipate, the following is given as a laxative:

℞. Pulv. glycyrrh. rad,
Pulv. sennæ, āā..... ℥ ss.
Sulphuris sublim.,
Pulv. fœniculi, āā..... ʒ ij.
Sacchar. purif. ..... ℥ jss.
Mix.
Sig. A teaspoonful in half a cupful of water at bedtime.

Almond Powder for the Hands.

℞. Almonds, blanched and powdered.....one pound.
Castile soap, white .....8 ounces.
Orris root.....2 "
Pumice stone.....4 "
Oil of bitter almonds.....2 drachms.

The following taken after a dose of cod liver oil is said to increase the tolerance of the oil:

℞. Potas. bicarb..... ʒ iss to ʒ ij.
Acidi hydrocyan. dil.,..... ♏xij.
Spts. ætheris..... ʒ iss to ʒ iij.
Aquæ, *qs. ad*..... ℥ viij.
Mix.
Sig. A wineglassful for a dose.

Prof. Wm. Pepper of the University Hospital, Philadelphia, is partial to the following in certain forms of dyspepsia:

℞. Sodæ bicarb..... ʒ iij.
Acidi hydrocyanici dil.,.....gtt. xlviij.
Tr. valeriani..... ℥ i.
Syr. zingiberis..... ℥ ij.
Mix.
Sig. A teaspoonful three times a day in water.

℞. Quin. sulph.....grs. xvi.
Strychniæ sulph.....gr. ½.
Acidi muriatici, dil..... ʒ iss.
Syr. zingiberis, *qs. ad*..... ℥ vj.
Mix.
Sig. Two teaspoonfuls in water right after meals.
(*Hospital Gazette.*)

For Sciatica—the following is said by Dr. Jedrick to be useful:

℞. Tr. iodinii,..... ℥ iss.
Tr. aconiti, ... ʒ i.
Morph. sulph.,.....grs. xx.
Mix.
Sig. Apply twice a day along the track of the nerve.
(*Medical Brief.*)

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, MAY 10, 1878. No. 8.

EDITORIAL.

THE STATE MEDICAL SOCIETY.

In the last issue of the NEWS we expressed our fears that the coming meeting of the State Medical Society would witness something else than a pure devotion to efforts for "promoting the cause of rational medicine and scientific knowledge," for which purpose in the words of the Secretary of the Society the physicians of the State are invited to be present. These fears are more than realized by the information that Dr. Hawxhurst, of Battle Creek, who was elected to membership at the last meeting of the Society, but who was prevented by absence from signing the Constitution, lately tendered his initiation fee to the Secretary, Dr. Ranney, and requested to complete his election by making the proper signature. His money was refused, and the right of signing the Constitution was denied him.

Now, whatever the animus may be that inspired this astonishing course on the part of the Secretary, and we think the animus will be clearly apparent to every one who is familiar with the doings of the Society for the last two years, the inevitable effect of it will be, in some degree at least, to re-open the disgraceful quarrels, which it was hoped were settled by the action of the Society at the Battle Creek meeting. True! there is no occasion for lugging the old quarrel into the discussion, which most come up as to the authority of the Secretary to go counter to the expressed determination of the Society, and nullify its vote. But it will hardly be possible to avoid it. We, therefore, appeal in advance to the Society, to come up to the discussion of Dr. Hawxhurst's case, merely with a view of settling the one point—has or has not the Secretary exceeded his authority in refusing permission to Dr. H. to complete the formalities of membership. It seems to us that there can be no two opinions on this point, for not only is the language of the Constitution and By-laws explicit and capable of but one interpretation, but the common usage of all elective bodies would in itself settle the matter. It will be surpassingly strange, if in the thirteen years' existence of this Society there are no instances, where members have been elected one year, but have not paid their dues and signed the Constitution until some subsequent meeting, and in the interests of justice, if there be any such cases, they should be made known.

It is only right, however, in deciding what degree of culpability may attach to the Secretary in thus nullifying a formal vote of the Society, to await his explanation of the act, and meantime to suspend judgment. And although we cannot conceive of any valid defence of such a flagrant abuse of power, he may be able to show cause why the position has been taken. Unless he can show cause, he is clearly guilty of contempt and should be arraigned accordingly. If he has the right to set aside one vote, he has the same right to set aside any other. Establish this precedent, and the Society becomes merely an appendage to an under-official, whose own sweet will is the only guide for its action in interpreting and publishing the wishes of the Society. We mistake greatly the temper of the profession of this State, if they are willing to put themselves in so humiliating a position, where all their independence is swallowed up in the will of one man. But, as a final word, we again beg the members, in their determination of the question to exclude all outside issues; to forget the fact that Dr. Hawxhurst is a graduate of the University under the new state of affairs there, and to look upon him simply as an physician who comes pleading for rights, against which he has been debarred by the lawless course of an officer of the Society.

QUACKERY IN MICHIGAN.

We are lately in receipt of several communications requesting the NEWS to take the

initiative in a determined effort to induce our Legislature to take some action towards ridding the State of "the quackery of daring and reckless character, with which it is infested." Drs. Taft, of Marquette, and Chadwick, of Hart, particularly complain of the extent to which the evil prevails along the lake shore, and urge that the State Medical Society at its approaching meeting should take the matter into consideration. Other States have been lately enacting laws which have driven from their borders unqualified practitioners, and doubtless the noticeable influx of the genus quack has been largely due to this cause. As the matter now stands Michigan is an asylum for expatriated medical frauds of all sorts and conditions.

That this should be the case in a State, which furnishes medical education practically free of charge, is somewhat paradoxical.

The State Medical Society is the proper body to take action towards securing the proper legislation, but after many laudable, but unrequited efforts to this end, it has incontinently abandoned the matter in disgust. The means of procuring the proper redress can only be secured by taking the matter to the polls, and we hope at our next election to see the fight commenced there. We may study the methods of the homœopaths to good advantage in this connection. They have secured the prominence they enjoy through a persistent use of this means, and had practitioners of the regular school been but half as zealous, they would long ere this have secured proper legislation in the interests of rational and scientific medicine.

We have merely touched on this subject at this time in deference to our correspondents, and not with a view to soliciting any action on the part of the State Society. At the proper time we purpose giving the matter more consideration. J. J. M.

ASCLEPIAS SYRIACA.

Dr. H. K. Pusey, of Garnettsville, Ky., in a communication to the *Louisville Medical News* of the 6th inst., speaks of the Asclepias Syriaca (silk weed or milk weed, as it is popularly called), and asks the Editor or some of his readers, to give him further information on the subject. The Editor replies "that he has no experience with the substance, nor does his library afford him any knowledge on the subject." The late Dr. Isaac Paddock, of Pontiac, in this State, used it very frequently in dropsy arising from organic heart disease, scarlet fever, measles and general ascites, and claimed for it great value, and in one case under our own observation (in his hands) it certainly produced the effects desired. His mode of using it was:

℞.

Milk weed root..... ℥ ii.
Hot water..... ℥ viij.

Steep for three hours and give a wineglassful every four or six hours.

With much debility, and where stimulants are indicated, he prepared it as follows:

℞. Milk weed root..... ℥ ii.
Gin..... ℥ viij.

Let it stand a week. Dose, a tablespoonful every six hours.

The late Dr. Pitcher also spoke highly of its virtues as a diuretic. W. B.

DR. LYSTER'S IMPROVED SPLINT.

The article presented by Dr. Lyster in the present number of the NEWS merits special mention. The combination he describes is one which more effectually meets the indications in the treatment of fracture of the leg, than any with which we are aquainted. It meets a desideratum in those cases in that it is exceedingly easy of construction and simple in its application. The patient, in whose case we saw it applied, was apparently free from all discomfort and was even not necessarily confined to his bed, being, when we saw him, seated in a chair, into and out of which, he moved with but little difficulty.

The splint is a really valuable contribution to our stock of surgical appliances.

The following have remitted since our last issue, April 25th:

Michigan.
B. Richards, J. R. Gailey, A. L. Wilkinson, W. M. Ikeler, J. L. Zuboskie, Amos Knight, P. Palmer, H. H. Bardwell, T. Slenon, A. C. Davidson, W. A. Dehn, M. A. Shafer, J. J. Kittredge, S. A. Snow, Elias Sower, A. B. Strong, Israel Kibbee, Wm. Richardson, John Avery, J. M. Wilkinson, G. M. Trowbridge, — Gumear, A. K. Smart, G. W. Brown, W. A. Hendryx, E. E. Adams, Losee & Bro., W. G. Elliott, H. S. Lay.

Pennsylvania—
John A. Ritchey, J. S. Herrick, J. M. Barrett, John Thompson, Benjamin Thompson, H. U. Umsted, R. H. Meisenhelder, J. J. Griffith, J. F. A. Reinhardt.
New Jersey—Isaiah W. Condict, Lewis Jemison, C. C. Van Dyck.
Missouri—J. A. Ressegieu, John T. Brown.
Kansas—J. W. Tenney. *Ohio*—M. J. Marvin.
Illinois—A. A. Wolf. *Indiana*—Thomas P. Seller.

ORIGINAL ARTICLES.

IMPROVED SPLINT FOR FRACTURES OF THE LEG.

Presented to the Wayne County Medical Society, Detroit, March, 1878, by HENRY F. LYSTER, M. D.

GENTLEMEN—I present for your inspection a splint for service in the treatment of fractures of the bones of the leg, by means of which several valuable principles are applied.

After the proper application of this splint the patient is entirely relieved from pain and discomfort, and the physician is spared much time and anxiety, as but little subsequent observation will be required.

The entire leg is in a position of perfect rest, and the fractured bones are fixed in their position, permanent extension of the leg below the fracture is maintained, and the patient is at perfect liberty not only to change his position in bed, but to stand beside the bed, or sit in a chair when desirous to do so.

The foot is maintained in its proper angle to the leg without any pressure upon the heel; a very difficult matter to manage, as every medical man can testify.

All danger of any perceptible shortening is completely removed.

The wire splint bent and braced, as will be seen in the wood cut, may be made, for an average adult, three feet in length, with diameters of seven, six or four inches respectively, in the gluteal, popliteal and tarsal regions. The foot piece should be about eight inches in height, with two or three horizontal ties.

Horizontally it should present a double inclined plain with about six inches elevation in the popliteal region, when the angle is formed. The arches, which brace the splint, should be turned under and have a radius of about four inches. The brace in the gluteal extremity should be bent back at an angle of forty-five degrees, so as to avoid the bed and the body of the patient. Eyelets for cords for suspension are placed about twenty inches apart, as shown in the wood cut.

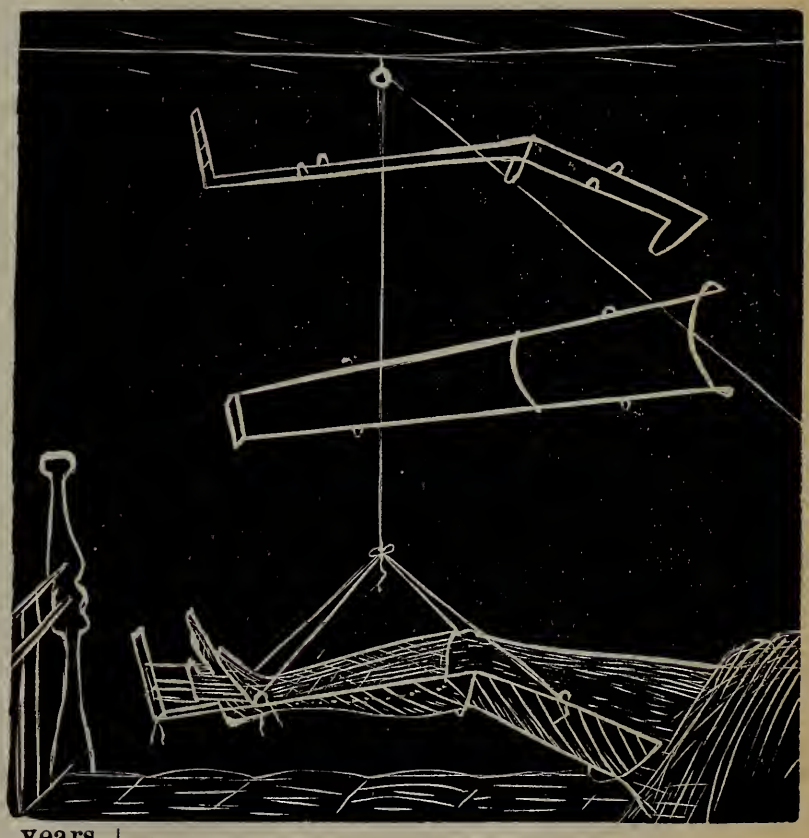
It will be seen that this is simply a modification of the wire splint, introduced by Nathan R. Smith some years since.

A strong cord, preferably the cotton cord used in window caseings for weights, may be used running through a screw pully in the ceiling, and fastened at the head of the bed within reach of the patient.

A muslin roller bandage is now wound rather loosely around the splint, to make a floor, and upon this the injured limb is placed. Adhesive straps are applied to the leg below the point of fracture after the American plan, as in Buck's extension, around a block of sufficient width, to prevent pressure upon the maleoli.

A piece of rubber tubing, a yard long and with a diameter of an ordinary lead pencil, should now be used to fasten the block to the foot piece of the wire splint, to maintain extension. The tension should be determined by the character of the fracture and the muscular strength of the patient. By means of this elastic tension the foot can be elevated so that all pressure is removed from the heel, the weight of the foot being entirely maintained by the tubing. By this means the ulceration and pain of the heel, a very constant and distressing factor in the management of fractures of the leg, is removed

The leg and foot now being held in their natural position by the instrument, as if there was no fracture present, actual measurement showing that the requisite extension has been effected, and taking care to have the joints of the great toe on a line with the inner border of



the patella, a couple of thicknesses of cotton wadding should be cut out nearly in the shape of the front leather of a man's boot. This covering should reach from the toes to the lower border of the patella, and should be wide enough to envelope two-thirds or three-quarters of the circumference of the leg and foot. A piece of blanket of the same pattern

as the wadding, only a trifle smaller, the meshes of which have been filled up with plaster of Paris, well rubbed in, can now, after a thorough wetting, be laid upon the leg and foot and rapidly tucked in by the fingers and a dull table knife, at the edges between the leg and the floor of the splint and stayed in place with cotton batting, which will maintain it in co-aptation with the leg. That part of the plaster splint reaching down upon the dorsum of the foot, should be applied to the foot by a bandage around the foot; a roller bandage may now be applied with moderate firmness from the toes to the groin.

The accompanying wood cut shows the splint applied, with the exception of the roller bandage. In a few days the bandage may be applied. By this means the value of the plaster splint will be fully maintained, as it only envelopes two-thirds of the circumference of the leg, and any shrinking from a dimunition of the swollen condition incident to the injury, and subseqent congestion of the parts about the fracture, and later still from the absorption of a portion of the fat from disease and wasting consequent upon pressure, will not be followed by a loosening of the plaster cast, as the roller bandage will by its elastic pressure exert a force upon both the leg and the plaster cast to make up this loss, thus completely overcoming the well known objection to plaster cast in the treatment of fractures, viz: their certainty in time to fit loose upon the fractured limb, no matter how closely they may have been applied.

Should an observation of the leg, at the point of fracture be desired, the roller bandage can be removed, and the plaster cast can be easily sprung off without disturbing the leg in the least, and it can be re-applied by springing it back into place.

In cases of compound fracture this splint will be found of the most convenient form possible, whether the antiseptic dressings are used or not, as in injuries of this character opportunity to make an inspection without disturbing the fracture, is particularly desirable.

This splint is recommended as one which can be made in any village by a tinsmith, of such size and strength as may be required by the patient, for a trifling cost, and as embracing a combination of all the principles recognized as of general application to fractures.

A patient is submitted to your examination from whose leg this splint has been but recently removed, and in whom no apparent shortening can be determined by measurement.

The perfect immobility of the fracture in this splint, and freedom from pain, lessens the necessity for attention on the part of the physician very materially, which is not the least valuable consideration in its many qualities.

353 Jefferson Avenue.

SALICYLIC ACID IN RHEUMATISM.

By J. S. Caulkins, M. D.

When salicylic acid will cure inflammatory rheumatism, it will do it more quickly and thoroughly than any other agent that we have.

The medicine has been used by myself in six cases, four of which were successes, one doubtful, and one a total failure. It is right to add that this last case was of a subacute character, in which it is not believed that the acid will do so much good as in the acute arthritis. In this case its use was not abandoned until 1800 grains had been taken.

To get any good results from the acid, it is necessary to rush it—say, give to an adult a scruple every two hours, or oftener if you can get the patient to swallow it—and before it is time for the fourth dose, the pain in the joints will sensibly abate. One ounce in two days will cure an adult, and 180 grains in two days cured a little girl, as the following history shows:

Mary M., age ten, has just recovered from her third attack of inflammatory rheumatism. The affected joints were the shoulders, knees, ankles and feet. In previous attacks she had been treated with colchicum and alkalies, with duration of disease of 12 or 14 days.

In this attack, which was severer than either of the other two, she began to take April 2d five grains salicylic acid every two hours, not being able at the time to move the shoulders, nor any joint of the lower extremities. In 12 hours she could stir her feet, and the pain had very much subsided; in 48 hours it was all gone, and the swelling nearly so. April 6th she was sitting up, and the 7th, being a fine sunshiny day, she was out of doors at play.

There was no heart complication in this—there was in the former attack.

If the acid has disappointed some that have tried it, perhaps it is because they did not, in the language used above, rush it hard enough.

The writer will not attempt to say, that other methods of treatment may not cure as large a per-cent. of cases as the acid does. Every practitioner will claim to cure four out

of six, whatever his treatment may be, but the superiority of the salicylic acid to other remedies is the shortness of the time in which the cure is effected.

Thorneville, Mich.

ACUTE ARTICULAR RHEUMATISM.

By Dr. J. J. MULHERON, at a Meeting of the Detroit Medical and Library Association, April 15th.

If there is any disease in the long category of human ailments which merits classification with the opprobria of medicine, that disease is acute articular rheumatism. We think, however, that of late years some improvements have been made in its treatment, and that the aphorism of Abernethy, "six weeks is the best remedy for rheumatism," is becoming less and less true. "'Tis a consummation devoutly to be wished;" and we owe it to the common fund to contribute any plan of treatment, which may have been more successful than another in our hands.

I have of late had a number of cases, in which the treatment I have pursued has been tolerably successful, at least more so than any I had heretofore followed. I will not weary you with a detailed history of the cases, and will select but one which is a fair sample.

Mrs. B. was taken March 18th, after a few days of malaise, with a severe chill, which was followed by a high fever and pain in the knee and ankle of the right leg, and ankle of the left leg. Having some eight years previously been confined to her bed for some eight weeks with an attack of rheumatism in the same joints, she was not slow to determine this time what ailed her. The pain continuing and increasing in intensity, I was sent for on the morning of the 19th. I found my patient very much dejected in spirits and gloomy at the prospects of a repetition of her previous experience. The joints were already swollen and very painful to the touch. Temperature as taken under the tongue was 101.5°, pulse 95. The right limb was completely helpless and the slightest passive motion severely aggravated the pain in the joints. The bowels being constipated, I ordered a dose of Epsom salts and senna, a mixture of which she kept habitually in the house. I left a dose of 10 grains of Dover's powder with instruction to take it should the pain continue after the bowels had moved. I left also the following prescription:

℞. Acidi salicylici..... ʒij.
Sodii boratis..... 3 i.
Aq. fœniculi,
Aq. menth. pip., āā ..... ℥jv.
Mix.
Sig. A tablespoonful every two hours.

20th. On visiting Mrs. B. this morning found that she had deferred having the salicylic acid mixture prepared, owing to the temporary relief afforded by the Dover's powder during the night. The pain, however, returned about daybreak, when she had the prescription prepared. Temperature 103°; pulse 100. The pain in the joints was very severe on the slightest motion or even touch—more severe than yesterday. Restlessness and irritability also increased. Ordered the salicylic mixture to be continued and prescribed the following as an application to the joints:

℞. Ant. et potas. tart..... 3 i.
Adipis..... 3 ij.
Mix.
Sig. Apply lightly with the finger every three hours until pimples appear.

21st. Patient meets me this morning with a confiding smile. Restlessness and irritability almost entirely gone. The tartar emetic ointment has brought out about a dozen pustules on each joint. Temperature 100°; pulse 90. Very little pain in the joints and little or no complaint on moving them. Ordered ointment to be discontinued, but salicylic acid continued.

22d. Patient is able this morning to move the joints without pain. Temperature 99°; pulse 85. Ordered acid to be discontinued and prescribed:

℞. Ext. taraxaci fl.....℥i.
Quin. sulph..... 3 ss.
Syr. glycyrrh ..... ℥ ij.
Mix.
Sig. A teaspoonful every three hours.

23rd. Patient this morning sitting up. Pain entirely gone and but little swelling and stiffness remaining. Temperature 90°; pulse 80.

Patient discharged.

The salicylic acid part of this treatment is, of course, not novel, but, as far as my knowledge extends, the stibiodermic applications have not been generally employed in this city. The results following it in my experience have been most gratifying, and although this experience has so far been confined to but four cases, yet it has been sufficient, I think, to justify other in giving it a trial.

52 Adams Avenue W.

A PLEA FOR GREATER ATTENTION TO EYE DISEASES.

Remarks by Dr. EUGENE SMITH, at the Detroit Medical and Library Association's Meeting, April 15th.

Diseases of the eye, and especially glaucoma—so fatal to vision if neglected or improperly treated, and so easily cured if taken in time—should form on the part of the enlightened practitioner as serious objects of attention as the diseases of other organs.

Within a short time I have operated on a number of cases, one of which had lost the sight of *both* eyes, and another of *one* eye, each of which, I am satisfied, could have been saved if properly treated in time. In each case the family physician failed to recognize the connection existing between the eye-trouble and the intense headache, accompanied or not with nausea, which was looked upon as neuralgia and treated as such.

In one case, when the lady discovered that she was totally blind in one eye, and the vision of the other considerably impaired, she called the attention of the physician attending her to the fact and asked if an operation would be beneficial. He replied that "if it was his own mother he would not allow an operation to be made." I personally know this physician to be "the very soul of honor" and thoroughly conscientious, yet I cannot account for such advice, or the fact that the patient was not advised to seek the counsel of a specialist.

Can it be that pride prevents physicians from acknowledging in such cases the superiority of a specialist, or is it a fear on their part of weakening their prestige with their patients? I cannot believe it to be due to either of these, or to a mercenary cause. Yet, a fact it is that patients are allowed to go from bad to worse and even to become irretrievably blind, when a timely iridectomy will check the disease, restore vision and check the terrible headache which is due to compression or stretching of the ciliary nerves by the increase of intraocular tension.

It is common to see the entire half of the head and sometimes both sides even to the occiput, not only the seat of the most acute pain, but also highly sensitive to the touch, all of which disappears after an irridectomy is made. Iridectomy is *the* remedy for glaucoma, and when properly done is never followed by unfortunate results.

Had we as many eyes as the fabled argus, or were they of less importance to us, then could we afford to neglect such cases, but we should ever bear in mind that

> "He that is blind can not forget
> The precious treasure of his eyesight lost."

Bulwer says,

> "Ye have a world of light,
> Where love in the loved rejoices!
> But the blind man's home is the home of night,
> And its beings are empty voices."

95 Fort St. W.

A CASE OF PUERPERAL CONVULSIONS.

By Thos. W. Anderson, M. D.

May 15th, 1877, I was called upon to attend Mrs. A. M., primipara, in labor. She was a vigorous young woman, apparently well developed, and of sufficient age to bear well the trials of maternity. Her appetite and digestion had been unusually good from the time of conception up to full term, and she had not received advice from any physician during that time. At the time of confinement, moderate, but not unusual œdema of the lower extremities was noticed. Labor went on prosperously, and without any need of interference; but about twenty minutes after delivery, without any warning that was noticeable, she became severely convulsed. I immediately opened a vein in the arm and drew a pretty good amount of blood, (not exactly measured), and began a pretty free administration of bromide of potash. A messenger was dispatched to the village at once, to procure chloroform and hydrate of chloral. During his absence, (about two hours), the bromide was administered freely, and a little chloroform, that happened to be at hand, was given by inhalation, but without any immediate or apparent effect, as three convulsions occurred within the two hours, and they seemed rather increasing in severity, and had rendered her completely unconscious. Revulsives, cold water to the head, and heat and mustard to the extremities were used, without avail. The messenger arrived with the medicines while she was in her third convulsion, and as soon as she could swallow, about thirty grains of chloral were administered, and, after an hour, ten or fifteen grains more, (in syrup). The convulsions did not return. A moderate use of chloral was continued for a few hours. She made a good recovery.

A suspicion arises, in this case, that there was a family predisposition to convulsions, as a sister had had convulsions in her first labor.

I have no theories to advance concerning either the nature or the treatment of puerperal convulsions, but hang may faith largely upon chloral in the management of these cases, and also in the management of troublesome cases of infantile convulsions.

Phlebotomy is no doubt a duty in many cases, but among medicines, I give a decided preference to hydrate of chloral. It is more prompt than the bromides, and more permanent and manageable than chloroform.

Berrien Springs, Mich.

PROPHYLACTIC TREATMENT FOR PUERPERAL CONVULSIONS.

By O. N. Tindall, M. D.

I have noticed recently in The News reports of several cases of puerperal convulsions. Earlier in my practice I had some cases of

this affection, but for the past six years I have used the bromide of potassium in the latter months of pregnancy, and have escaped this troublesome and dangerous complication. We usually prescribe for ladies during the latter months of pregnancy, as they often suffer from restless nights and pain in the back and limbs. I used to prescribe opium, or some of its preparations, but now invariably give, with the best of results, bromide of potassium in ten grain doses, three to six times per day, as the patient may require. It controls the nervous restlessness and pain in the back and limbs, and restores the blood to its normal condition, by relieving it of the excess of albumen, and otherwise acting as an alterative.

If called where there has been no opportunity for treatment previous to confinement, and there is œdema, I prescribe the bromide of potassium at once.

Holly, Mich.

THE RENAL FORM OF TYPHOID FEVER.

BY DR. CHARLES ANOT.

1. "The typhic process affects the kidney in the same manner as the other organs (brain, medulla, lungs); hence the necessity of admitting a renal form, alongside of the cerebral, cerebro-spinal, and thoracic forms.

2. Recognized by M. Gubler, remarked by M. Albert Robin, and confirmed by M. Hardy, this form has not yet been the subject of a complete description.

3. It possesses a special symptomatology (slight diarrhœa, considerable prostration, extreme adynamia, earthy paleness of the integuments, abundant epistaxis, precocious delirium, very elevated temperature, and but slight exanthematous eruption) and a special urological syndrome (bloody coloration of urine, odor of boiled bread, constant sediment formed by reduced white globules and casts; albuminuria in considerable quantity).

4. The ordinary form is differentiated from the renal form by a greater intensity of the abdominal phenomena, by a more abundant diarrhœa, by a less precocious delirium, by less elevated temperatures, and by a more confluent exanthematous eruption. The urine is of an orange coloration, sediment is not constant, and is chiefly composed of urates, fat, and phosphates. Albuminuria is not abundant and is transient.

5. The isolated and agminated follicles of the intestine are affected in small number. The kidneys, although voluminous, present the alterations of interstitial nephritis.

6. The renal form may be mistaken for an ordinary typhoid, and, in certain cases, for a primary renal affection.

7. The course and duration of the disease vary; the termination is generally fatal.

8. Variations occurring in the quantity and in the composition of the urine render the prognosis favorable or the reverse.

9. The patient should be placed upon a milk diet, and above all things the use of cold baths must be interdicted."—(*L' Union Médicale.—Canada Jour. Med. Science.*)

MISCELLANY.

Injections of Hot Water in Post-Partum Hemorrhage.—At the December meeting of the Obstetrical Society of Dublin, Dr. Lombe Atthill read a paper on this subject, recommending hot water next to the styptic injection of perchloride of iron as the most valuable hæmostatic. Several cases were recorded where this method had been resorted to with the most satisfactory results. Two rules are given by Dr. A. as essential in this treatment, 1st. The water injected should be at a temperature of 110° to 115° F. 2d. The nozzle of the syringe must be passed clear up to the fundus of the uterus. In a subsequent paper published in the *Lancet* Dr. A. gives an abstract of sixteen cases of hemorrhage treated in this way. The hot water treatment was used as a rule, only after the application of cold failed to arrest the bleeding, and it seemed to be most beneficial in the case of weakly, delicate women in whom the profuse hemorrhage having been arrested, blood continues to be lost in considerable quantity by the alternate relaxation and contraction of the womb.

Half ounce doses of the oil of turpentine are also highly recommended for the same purpose in the recent English medical journals, many correspondents bearing testimony to its efficacy. The liability of turpentine to produce vomiting is said to be the principal objection to its use for this purpose. It acts as a stimulant, and one writer in lauding its virtues naively says, it is not as expensive as the aristocratic brandy and egg, and the ladies are not very likely to take to it for the love of drinking as they might do with other stimulants. Shade of Father Matthew! just think of the suggestion, that turpentine toddies may come within even the remoter possibilities of the future. But 'tis a pretty alliteration and will make a comely addition to our already numerous and euphonious list of mixed drinks. E. S. D.

Claude Bernard.—The funeral of this distinguished savant was conducted at the expense of the State—a very rare honor—in recognition of the great service which he

had rendered to science. The religious services were performed at the church of St. Sulpice, and the body was accompanied to the grave by an immense concourse of mourners and with military honors due to a commander of the Legion of Honor. Five funeral discourses were pronounced at the grave; by M. Dumas, in the name of the Academy of Sciences; by M. Mézieres, in the name of the French Academy; by M. Bouillard, in the name of the Academy of Medicine; by M. Vulpian, in the name of the Faculty of Medicine, and by M. Laboulaye, in the name of the College. Marshal MacMahon, the President of the Republic, was represented by an aide-de-camp. The Société de Biologie has taken steps to erect a suitable monument to his memory, as he was one of the founders of the society. The death of such a man is a real loss to science, and his life was too short (he died at 65 years of age) for men of his stamp. He was without doubt the most eminent physiologist of modern times. The *Union Médicale* says, "His discoveries on the functions of the pancreas, and on the glycogenic function of the liver; his experiments on the production of diabetes by puncture of the floor of the fourth ventricle and his researches on poisons, especially on curare have rendered his name immortal; while an infinity of other studies and innumerable publications would have sufficed to make it celebrated."

E. S. D.

High-heel Boots.—The *Lancet* thus fulminates against this fashionable folly: "The absurd and ungainly practice of mounting the hinder part of the feet on stilts while the toes press the ground and bear the weight, as in the use of high-heels, is one against which it is not easy to write with temper. The device of strangling the waist with tightly-laced corsets was contemptible for its ignorance; that to which we now allude is outrageous in its defiance of the laws of gravity. It does not need a knowledge of anatomy to convince the shallowest thinkers of the sex which worship the idol of fashion, that the foot is forced into a wholly unnatural position, and distorted, by the heel being raised and the body made to rest on the ball of the toes. It should be unnecessary to explain that this disturbance of the foundation throws the whole superstructure out of gear, and deranges every mechanical function. A moment's reflection should lead to the abandonment of a practice so manifestly irrational and ridiculous; but forsooth, the foot looks somewhat smaller as seen from the front or side when placed obliquely; so, regardless of common sense and common prudence, the practice prevails. Such is the folly and wantonness of vanity!"

Bloodless Tracheotomy.—Verneuil, in 1872 employed the galvanic cautery in tracheotomy for the express purpose of avoiding the hemorrhage which is so troublesome a feature in this operation. It was impossible, however, that this method could come into general use on account of the cumbrous and unwieldy apparatus necessary, and which is usually only to be found in large hospitals. Paquelin's thermo-cautery, however, is so portable and so easily handled that it has recently been used in France in a number of instances for this operation, first we believe by Poinsot, of Bordeaux. The cautery should be heated to a dull red color only for if carried to a white heat it loses its hæmostatic power, and the skin and soft parts down to the trachea should be divided by successive light touches of the point of the instrument. No attempt should be made to open the trachea by the cautery. But it is not only difficult to divide the cartilaginous rings in this way, but the heat radiating into the air tube would be harmful and there is great danger of burning the posterior wall. In fat subjects the wound may be filled with melted fat, but this can be easily removed with a sponge. Poinsot claims two advantages for this plan of operating in addition to the bloodlessness, 1st. that the spontaneous retraction of the edges of the wound gives a funnel shaped opening down to the trachea and renders assistance by retractors unnecessary, and 2d. that the wounded surfaces are by burning protected from the contagion of diphtheria. Altogether it seems to be a useful application of this handy instrument and promises to relieve tracheotomy of many of its difficulties and by making it an easy and safe operation to lead to its earlier and more frequent adoption in obstructive diseases of the air passages.

E. S. D.

Prof. Francis Gurney Smith, M. D.—Prof. Francis Gurney Smith, M. D., of the University of Pennsylvania, died at his residence in Philadelphia on the 6th of April at the age of 60. He obtained his academic and medical education at the Univ. Penn., receiving the degree of M. D. in 1840. After graduating he was made one of the physicians of the Department for the Insane of the Pennsylvania Hospital. In 1842 he became Lecturer on Physiology in the Philadelphia Medical Association. In 1863 he was elected Professor of the Institutes of Medicine in the University and held the chair up to the date of his death. Prof. Smith was one of the compilers of the well known student's text book, the Compendium of Medicine. He was editor for nine years of the *Medical Examiner*.

Besides contributing many valuable papers to the different professional journals, he was also the well known American editor of Carpenter's and Marshall's great work on Physiology, and the translator of Barth & Roger's *Manual of Auscultation and Percussion.*

E. S. D.

CIRCULATION OF WESTERN JOURNALS.—The American Newspaper Directory for April publishes the circulation of a number of medical journals, from which we give the following:

New Orleans Medical and Surgical Journal 450; Louisville Medical News, 600; American Practitioner, 900; Cincinnati Lancet and Observer, 1800; Cincinnati Clinic, 1500; Virginia Medical Monthly, 1200; Maryland Medical Journal, 600, Chicago Medical Journal and Examiner, 900; St. Louis Clinical Record, 500; Toledo Medical and Surgical Journal, 800; American Medical Biweekly, 1200; Richmond and Louisville Medical Journal, 2000.

Neither of the Detroit journals is mentioned in this enumeration, they having been but recently started. "New Preparations" claims to have a paid up list of 3500, exclusive of the 16,000, which the publishers distribute gratuitously. The Detroit *Lancet* has a probable paid up list of 250, while the MICHIGAN MEDICAL NEWS, although only in the fourth month of its existence, has a *bona fide* paid up list of over 1100, which is being so rapidly added to that before the expiration of the year it will probably exceed that of any of the western journals. The fact that it is published semi-monthly, gives it an additional advantage as an advertising medium.

BLUE BILE.—Everybody has heard of "blue blood" and doubtless many of us poor mortals cherish in secret the comforting belief that in our own veins their courses a fluid at least verging on that aristocratic tint, but as for "blue bile" the instances hitherto noted by the ancient physicians and the occurrence of a similar condition in animals have been so rare and far between as almost to have compelled the opinion that the statements were purely apocryphal. But here is an authentic case narrated in *La France Medicale* by Prof. Andouard. The patient was a woman who vomited flakes of some substance of an intensely blue tint which led to the suspicion of copper poisoning. Careful analysis showed no trace of copper, and the microscope revealed no organisms on which the blue color might depend. Other tests were then resorted to showing conclusively that the substance was bile, the color of which had been changed by some unknown influence. The substance was first dissolved in boiling water, filtered, concentrated and treated with nitric acid. This produced a violet tint which changed to red and then to yellow just as in a solution of biliverdin. Another portion was treated with alcohol, filtered, evaporated to dryness, and re-dissolved in water. This subjected to Pettenkofer's test gave the red of biliary acids. The spectroscope also showed that there was a close relation between this blue substance and the oxidation products of biliverdin and bilirubin. Other reactions showed also an affinity to the black pigment obtained from the bile of the human being as well as that of the ox, sheep, pig, dog and cat. The observation is a very interesting one as throwing light on the possibilities of the changes in the secretions, now so well known by researches in physiological chemistry. E. S. D.

MOSQUITOE'S MISCHIEFS. — The mischief which the average mosquitoe will work to mankind is enormous. Particularly is this true of the thorough-bred New Jersey variety, whose capacity for raising cain generally is illimitable, as is well known to every unfortunate who has ever resided in that far off foreign land. But here comes a new charge against these tormentors. Not only do they feed upon our blood and render our existence generally miserable with their sonorous and sleep dispelling music and poisonous bites, but they are the means of spreading a parasite, the *filaria sanguinis hominis*—which is a very dangerous enemy to mankind. From a report recently made at the Pathological Society of London it appears that the mosquitoe sucks up the tiny entozoon with the blood of its victims, and that the female, after her banquet, goes to the rivers and ponds to deposit her eggs. In so doing the filariæ and their larvæ find their way into the water, and again into other human beings who drink the water. Direct experiment has been made on the matter by Dr. Manson, of India. A patient, who was known to be suffering from the parasite, was placed alone in a chamber and courageously he allowed the mosquitoes to feed upon his blood. After this the pests were captured and dissected, and in the stomach of one of them no less than 120 filariæ were found. Dr. M. also describes the developmental changes, which the parasite undergoes during its residence in its host. The suggestion, that possibly the mosquitoe might be the carrier of the hæmatozoal parasite, had been previously made. Now it is demonstrated, and it adds another to the long list of ills, which are directly chargeable to these malicious

pests and disturbers of our quiet. Perish all of them! until at least it can be demonstrated that they have some beneficient *rôle* to play in the mysterious economy of nature.

E. S. D.

THYMOL.—A recent addition to our list of antiseptics is thymol. It is a product of the essential oil of thyme, and its antiseptic properties are claimed to equal those of carbolic acid. Its present most productive source is the seeds of *Ptychotis Ajowan* a common Indian plant. As long ago as 1868 its antiseptic and antiputrescent properties were pointed out. It has lately been used in England in skin diseases and is said to be notably useful in psoriasis and chronic eczema after the inflammatory stage has subsided, and although the remedy has been taken internally it is principally as an external application that it is employed. The following formulæ are recommended: 1. An ointment consisting of one ounce of vaseline and from five to thirty grains of thymol; the thymol being dissolved in the vaseline.

2. A lotion, consisting of thymol, five grains; rectified spirits and glycerine, each one ounce; water, sufficient for eight ounces. The glycerine is added to prevent the dessicating effect of the spirit alone. Thymol is now being used in Germany as a substitute for carbolic acid as an antiseptic in Lister's method. An antiseptic gauze is made by impregnating a 1000 parts of bleached gauze with a mixture of 500 parts of spermaceti, 50 of resin and 16 of thymol.

AMERICAN MEDICAL ASSOCIATION. — The Twenty-ninth Annual session of this body will be held at Buffalo, on Tuesday, Wednesday, Thursday and Friday, June 4, 5, 6 and 7, 1878, commencing at 11 A. M. on Tuesday.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District societies as are recognized by representation in their respective State societies, and from the Medical Department of the Army and Navy of the United States."

Each State, County and District Medical society entitled to representation, shall have the privilege of sending to the association, one delegate for every ten of its regular resident members, one for every additional fraction of more than one-half that number: *Provided,* however, that the number of delegates from any particular State, Territory, county, city, or town shall not exceed the ratio of one to ten of the resident physicians who may have signed the code of Ethics of the Association.

☞ Secretaries of Medical societies as above designated are earnestly requested to forward *at once*, lists of their delegates.

ADULTERATED BUTTER.—Dr. Claassen, in a recent report on butter adulterated by mixture with lard, gives a simple method of testing for this fraud. The suspected butter is melted and about fifty grains of it poured into a test-tube; when this is cooled to the temperature of the human hand, there is to be added, mixing slowly by agitation, 120 grains sulphuric acid. If the butter is pure, the mixture will at once become yellow, and after a bright yellowish-red. If lard be present the mixture will pass from the color last named to brownish-red, brown, and perhaps brownish-black—*Medical and Surgical Reporter.*

VEST POCKET ANATOMIST.—Dr. C. Henri Leonard, of Detroit, has just issued the sixth thousand of this admirable little work. We have already had occasion to commend it, and it is only necessary to say now that the present issue is fully up to, if not in advance of the standard of excellence reached by previous editions. The favor with which it has been received by the profession not only of this country but of England, argues that "Leonard's Vest Pocket Anatomist" is one of the few books recently issued that supplies a want.

Price in paper, 50 cents; in cloth 75 cents. Sent postage prepaid on receipt of price by the publisher.

RECENT GRADUATES.—"God bless you, Gentlemen! What is to become of you all?" This exclamation of Abernethy's to his class, is a fitting and all sufficient introduction to the following enumeration of the medical graduates of 1878:

University of Pennsylvania	127
Jefferson Medical College, Philadelphia	203
University City of New York	153
Bellevue Hospital Medical College, N. Y.	130
College Physicians and Surgeons, N. Y. City	109
University Michigan	66
Buffalo Medical College	42
Medical College of Ohio	102
Cincinnati Medical College	33
Miami Medical College, Cincinnati, Ohio	51
Louisville Hospital Medical College	17
University of Louisville	71
Louisville Medical College	70
Missouri Medical College, St. Louis	102
St. Louis Medical College	49
Medical College of Virginia	12
College Physicians and Surgeons, Indianapolis	41
Indiana Medical College	29
Women's Medical College, Philadelphia	19
Atlanta Medical College	24
University of Nashville and Vanderbilt Univ'y	90
Rush Medical College, Chicago	129
Chicago Medical College	47
Women's Hosp. Med. College, Chicago	7

Brain Weight and Mental Ability.—A man's mental capacity is popularly supposed to be proportioned to the size of his head. The observations of Dr. C. Clapham at the West Riding Lunatic Asylum, however, tend to show that there is no necessary connection between the weight of the brain and cerebration. The testimony of the most competent craniologists bears out this statement.

Metric System.—A circular, dated April 27th, from Surgeon General John M. Woodworth, instructs the medical officers of the U. S. Marine Hospital service that they shall after the date thereof make use of the metric system of weights and measures for all medical and pharmacal purposes. Rules are given for the ready conversion of weights and measures now in use into the metric terms.

Cor. Bovinum.—Prof. Sourdes, of Nancy, recently removed, at the post mortem examination of a man who had died suddenly, a heart which weighed 1480 grammes, or 3 lbs. $4\frac{2}{10}$ oz. averdupois. With the single exception of the heart presented by Prof. Alonzo Clark, of New York, to the College of Physicians and Surgeons, and which weighed 3 lbs. 9 oz., the heart removed by Prof. Sourdes is the largest on record.

Dr. George M. Beard, of New York, is collecting statistics on writer's cramp, and solicits facts bearing on the subject from medical men throughout the country. Any of our readers who may have anything to contribute, will, by addressing Dr. Beard, at 41 W. 29th street, New York City, be furnished with blanks containing all the practical inquiries.

"Let us Spray" is the invocation with which very appropriately the surgeon who proposes to adopt "Lister's method," may preface his operations. Whether the conceded efficacy of the method is due to the invocation or the carbolic acid, is a question each one is at liberty to answer for himself.

The *Scientific American*, which should be the last to have its emotions touched, confesses to a feeling of astonishment and hesitant belief every time it hears the phonograph. "If we lived in 1678," it says, "instead of 1878, the life of Mr. Edison would not be worth a moment's purchase; in fact, he would long ago have been resolved into carbonic acid, hydrogen and his other constituent gases, in the flames set apart for the earthy familiars of his Satanic majesty."

The Count de Kergaredec, the first to apply auscultation to the detection of the fœtal heart in pregnancy, died lately in Paris at an advanced age. His son, in announcing his death to the French Academy, said: "Among his children, who stood around his death bed, was that beloved daughter, the beating of whose heart her father heard, whilst she was still in her mother's womb."

SELECTIONS.

Jaborandi in Acute Bright's Disease and in Puerperal Convulsions.—The report of a clinical lecture by Prof. Da Costa, in the *Hospital Gazette*, after detailing the history and symptoms of a case of acute Bright's disease under consideration, closes as follows:

"And now you will, of course, want to know what our treatment has been. How we have brought it about that in the course of two weeks after her admission the patient is entirely recovered. The general dropsy, albumen in her urine, and dyspnœa all gone together. I ascribe all my success in the treatment of this case to the free use of jaborandi. Five days after the jaborandi treatment was begun, the whole face of the case was changed. The dose I ordered was one drachm of the fluid extract of jaborandi thrice daily. This dose produced excessive diuresis and diaphoresis. I am convinced that in jaborandi we possess a most valuable agent for combating the dropsical complications of Bright's disease. It should be given either in the form of the infusion, or the fluid extract. In cases where uræmic poisoning is a factor, and where the drug is consequently not well borne by the stomach, I have administered jaborandi by injecting it into the bowel. Though the effects of the drug when injected are not so striking as in the present case, I yet see no reason why it should not be given by the bowel as well as by the mouth. I have also tried the drug hypodermically, but I prefer not to speak positively at present of its effects when so used. In one instance I will say that it did produce considerable irritation of the skin.

How are we treating this woman, now that the dropsy has all gone? She is taking dialyzed iron internally and hypodermically. This treatment is improving vastly her general health and nutrition.

The origin of the disease in the present case is a very common one. It was brought on by cold and exposure. In children, acute Bright's disease generally follows scarlet fever. In adults it usually comes on immediate-

ly after exposure to dampness and vicissitudes of weather."

Dr. H. B. White, in *Proceedings of King's Co. Med. Society*, reports a case of puerperal convulsions with considerable anasarca, in which large doses of bromide of potassium and chloral hydrate had been of but little service. He afterwards resorted to jaborandi with the following result:

"At about 3 P. M. I commenced the jaborandi, giving one drachm in divided doses at short intervals. It soon produced an abundant flow of saliva and copious perspiration, with immediate relief to all the distressing symptoms. Early the next morning, the 8th, gave two drachms of jaborandi, causing, as before, very copious perspiration, so that all the clothes about the patient were literally drenched; the salivary glands were active, and the secretion from the kidneys abundant, the patient passing water freely every four to six hours. The dropsical swelling rapidly subsided, especially about the neck; the respiration was entirely relieved, but confusion of mind still remained. On the 9th repeated the medicine (two drachms) with like satisfactory results, the patient regaining complete consciousness, the swelling of face and neck almost entirely gone, and the calf of the leg reduced in 48 hours from 16½ inches in circumference to 11 inches.

From this time the patient made a good recovery, getting up in the usual time.

I regret that the urine was not examined previous to delivery; but the specimen taken after jaborandi was given showed but a moderate amount of albumen.

I know that one swallow does not make a summer, nor one dose of medicine establish a fact in therapeutics; but I believe that the jaborandi, by its prompt action in reducing the anasarca, and restoring the kidneys to their normal functions, contributed largely to the safety of the patient. If jaborandi had been given two or three days before the commencement of labor, would it have prevented the convulsions? It is certainly worthy of a fair trial."

Carbolate of Soda in Whooping-Cough.—M. Pernot, (*Lyon Medicale*) considers that he has discovered a specific for this troublesome affection in "phènate de soude," and gives details of cases in which, after other means had completely failed, he was able, by the use of it, to effect a cure in from ten to fourteen days. He places about 40 grammes of the crude salt in a porcelain capsule, and heats it over a spirit lamp so as to disengage carbolic vapours, the child being kept in the vapour a short time at first, and a longer time as he becomes more accustomed to it. In the most rebellious cases he has not required to use the treatment more than three times a day, and in most cases it has only been necessary to use it night and morning. He discusses the mode of preparation of carbolic acid and its salts, and ascribes the curative properties of the phenate of soda, to the tarry compounds which it contains. "My observations," he says, "are now numerous; they, for the most part, resemble each other, and, speaking generally, we may sum up the results in the following words: 1st. There is a notable diminution in the number of 'kinks' after two to ten days' treatment. 2d. The respiration is less painful, less anxious. 3d. The 'kinks' are of shorter duration. 4th. There is less vomiting, possibly because the 'kinks' are shorter. 5th. Finally, the most stubborn cases, if I may so express myself, cease to advance from the commencement of the treatment, then diminish in intensity, little by little, and afterwards more rapidly." —(*Glasgow Med. Journal*).

FORMULARY.

McCall's Anti-dyspeptic Powder.

℞. Subnitrate bismuth,.....200 grains.
White sugar, ...100 "
Lactate of soda,..... 20 "
Nux vomica (powder), ... 10 "

Mix.

Dose—Three to five grains three times a day just before eating. (*Medical Brief.*)

Chlorodyne.—Dr. Gillman, of Lowell, Mass., gives in the *Boston Med. and Surg. Journal* a formula for the compounding of a chlorodyne, which is free from many of the objections now holding against other varieties. By the aid of glycerine he produces a perfectly clear solution, each portion of which contains a definite amount of each active ingredient.

℞. Chloroformi..... ʒ ij.
Glycerinæ,
Spts. vini rectif., āā..... ℥ ij.
Spts. menth. pip.,
Acidi hydrocyanici dil.,
Tinct. capsici, āā..... ʒ ij.
Morphiæ muriatis.....grs. viij.
Syrupi (treacle)..... ℥ iij.

The treacle should be the best molasses, or better still the golden syrup. Dose for an adult, a fluid drachm, which contains two minims of chloroform and dilute hydrocyanic acid, and one-eight of a grain of morphia.

Brown-Sequard's Epileptic Formula.

℞. Sodii bromidi,
Potassii bromidi,
Ammonii bromidi, āā..... ʒ iij.
Potassii iodidi,
Ammonii iodidi, āā..... ʒ iss.
Ammonii sesquicarb..... ʒ j.
Tr. calumbæ..... ℥ iss.
Aq. destillati qs. ad..... ℥ viij.

Mix.

Dose, one and a half drachms before each meal and three drachms at bedtime.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, MAY 25, 1878. No. 9.

EDITORIAL.

THE LATE MEETING OF THE STATE MEDICAL SOCIETY.

We congratulate the profession of Michigan, and more particularly that portion of it represented in the State Medical Society, on the termination, and eventual happy solution, of the question which has kept it in a state of unhealthful, feverish excitement during the past three years, viz.: the homeopathic complication at the State University.

Our individual views on this question are probably well known to most of the readers of the NEWS, and we cannot disguise the fact that we consider the action of the State Society thereon, at its last meeting, most judicious and proper, and best calculated to conserve good will, harmony and comity among the profession. The manner in which the question has been disposed of, is, however, of secondary importance to the fact, that it has finally been removed from the consideration of the profession as represented by the State Society.

We shall not attempt to enter into the merits of the case, but cannot refrain from remarking on one point, which must have impressed itself on every one who has been a close observer of the events of the last two years, and that is, that there has been a gradual change in professional opinion on the question at issue. Two years ago the proposed amendment was only estopped by an almost forgotten proviso, that all such changes in the organic law of the society must lie on the table for a year. The vote then would have been about as strong in favor of it as it was, in the recent meeting, against it. This change in sentiment is the result of many causes, which it is not necessary here to dwell upon, but no one cause has been more potent than reflection. A more perfect acquaintance with the situation has made it clearly discernible, that the relation which obtains in the University between scientific and irregular medicine can have only one tendency, and that is to show the superiority of the former and, in a corresponding degree, to weaken faith in the latter. It has always seemed to us that those who have declared that the situation at Ann Arbor is dishonorable and dangerous to scientific medicine, have thereby only confessed to a want of faith in the system which they profess to believe and to practice, for if scientific truth cannot take care of itself when brought face to face with error, it is high time to abandon our beliefs and to discredit every teaching of history.

The question, however, has after much tribulation and agitation received its quietus, and we say to its interred remains: *requiescat in pace.* Let us hope that the zeal which was manifested by the contestants in this cause, may be diverted into channels, from which may issue work better calculated to advance the interests of science and the profession.

THE AMERICAN MEDICAL ASSOCIATION.

We are not of those who look for faults, but when aught of wrong obtrudes itself we believe in opposing it. There is an evil in the working of the American Medical Association to which we would direct the attention of those of our readers who have it in their power to attempt its remedy, and it exists in connection with the plan of electing the President. The decadence of all associations or societies dates from the time that they begin to be dominated by "wire pullers" and "log rollers," and it behooves those who truly wish them well, to interpose all legitimate obstacles to such rule.

In an avowedly scientific organization the honors to be bestowed should be conferred on those who can establish their claim by some earnest of work done in the line in which the organization is supposed to move. The plan of delegating to a few men the power of selecting the one on whom the chief honor

shall rest, is a wrong one—wrong in principle and sometimes pernicious in practice. The Association should not sink its independence in any such way. Is there a better plan?

The *American Medical Bi-Weekly* suggests one which has our endorsement, with the exception that we would favor a ballot:

"Abolish the nominating committee. It is often the tool of the unworthy. It is seldom the guardian of the most worthy. It can be and has been manipulated; and with this record, it is an unsound and unreliable device. State Societies, as well as this Association, have found it to be so. State Societies have, in many cases, abandoned it. It will not do for the Association to be less efficient; less regardless of what is proper and safe. The nominations should be made on the floor, and the election should be *viva voce*. The best men only will then be nominated, and one of these will inevitably be elected.

Nominate the really great physicians of this country by open nomination and elect by the viva voce method. This can be done easily and quickly (on the first morning before tricks d devices are instituted), and the result will give universal satisfaction."

A typographical error in Dr. Lyster's article, published in our last issue, somewhat obscures a point claimed for the splint described. The article as printed states that in a few days after the first dressing the bandage may be "applied." By reading this "*re*-applied," the advantage of the splint will be more apparent. The appliance is such that the diminution in the size of the limb from subsidence of the swelling and from atrophy of the muscles, may be met without fresh applications of the plaster, thus overcoming the well known objection to the plaster cast in treatment of fractures.

The following have remitted since our last issue, May 10th:

Michigan.

H. U. Upjohn, Charles M. Martin, C. J. Lundy, Theo. F. Kerr, E. W. Jenks, F. Gundrum, S. P. Root, J. A. Desjardins, N. W. Tomlinson, R. N. C. Newcomb, A. M. Boyce.

Wisconsin: N. T. Millard. *New York*: H H. White. *Texas*: J. D. Stocking. *Ohio*: Frank Scott. *New Jersey*: Geo. J. Janeway, J. A. Corwin. *Kansas*: John Y. Simpson. *Indiana*: Whippey & Krider. *Pennsylvania*: J. C. Stockton. *Iowa*: W. E. Adams.

ORIGINAL ARTICLES.

IDIOSYNCRASY IN REGARD TO THE ACTION OF QUININE.

By A. Ford, M. D.

In the *Chicago Medical Journal and Examiner* for May, 1877, is an account of two cases of idiosyncrasy with regard to the action of quinine, by R. M. Derig, taken from the *Ohio Medical Record*. Since then I have read of one or two other cases, but cannot now recall the authority, and in the *Cincinnati Medical News* for April, 1878, is another case reported by Prof. Kobner, of Breslau. I think, perhaps, that the rarity of the thing may vest my own case with sufficient interest to pay for publishing it.

In the year 1864 I had occasion to take a few doses of quinine. Some fifteen minutes after taking a dose of five grains, I was seized with an intense itching along my spine, which increased for an hour and extended over my whole body, from the crown of my head to the soles of my feet. The itching was well nigh intolerable. Upon examining my body I found it completely covered with a rash like that of scarlet fever. The itching and rash, after some two hours, began to subside and was gone in about four hours from the commencement. I had no idea that the quinine had anything to do with it, and took another dose, and the same result followed. I took the third dose, and by this time I began to think that the quinine was the cause of the eruption. I have taken it at various times since, and always with the same effect, until I learned how to counteract it. During one of the paroxysms I had occasion to take a dose of sulphate of morphia, and as I began to get the effects of that, the itching stopped.

Since then I have combined the quinine and morphine and have no further trouble.

I have enquired of a number of medical men, but none of them have ever seen or heard of a similar case. I also related my experience to the Professors of Rush Medical College, and concluded that mine was the only case of the kind, until I saw the account in the *Journal and Examiner*.

None of the accounts that I have seen mention anything to counteract the effects of the quinine, but I think morphine will be found to do it every time.

Alton, Mich.

PLASTIC OPERATION WITHIN THE VAGINA —WITH REPORT OF CASE.

By O. E. Herrick, M. D.

Mrs. M., from Portland, consulted me at my office February 18th, and presented the follow-

ing symptoms: Occasional violent pains and a sense of distension about the hollow of the sacrum, with a dragging, even tearing, sensation in the groins. These symptoms were not constant, but would recur at intervals and would be determined by very slight exertion, such as going up and down stairs, or stooping to lift even a light weight. In the intervals of the more acute attacks there was a constant involuntary bearing down, with neuralgic pains shooting down the thighs. A very fœtid and disgusting leucorrhœa was also constantly present. A retroverted uterus caused, by pressure of the fundus on the rectum, and of the os on the neck of the bladder, great difficulty in defecation and urination. A vaginal examination revealed an altered position and form of that canal. Instead of running in a nearly straight direction backwards and a little upwards, it took a course upwards and forwards behind the symphysis pubis. The fundus of the uterus lay between the rectum and the posterior vagina wall—occupying, in fact, the position of the perineal body, which in the present instance no longer existed. The patient's difficulties dated from her last confinement, about six years ago. The rupture of the perineal body on that occasion had evidently been overlooked by the attending accoucheur, who was, doubtless, misled by the fact that no external evidence of any such accident existed.

The treatment consisted of a very simple plastic operation within the vagina, and supporting the uterus until the wound became perfectly cicatrized. The operation consisted in simply snipping off with a pair of slightly curved scissors a portion of the superabundant mucous membrane of the posterior vaginal wall. This was very easily accomplished by putting two fingers of the left hand, back of hand downwards, into the vagina and seizing as much as was desirable of the mucous membrane between the fingers, and snipping off the protruding portion. The wound was found to be oval. The edges of the incision were brought together by interrupted sutures, after which the vagina was found to be two inches smaller than before the operation.

The uterus was held in place after the operation by means of the soft rubber and silver wire pessary, invented by me and described in the June number of the late *Detroit Medical Journal.* Complete union of the wound was accomplished in 14 days, although the pessary was retained in place for some time longer.

The simplicity of this operation should, I think, commend it in all cases, where there is partial or complete destruction of the perineal body with redundant vaginal wall and displacement of the uterus. I do not claim that the perineal body is restored by this operation, but that the support it gives to the uterus is supplied by reducing the size of the vagina. The patient should observe absolute quiet for 10 days after the operation.

I noticed in the last number of the NEWS that Dr. Parmenter reported a case operated upon in the usual manner, in which the mucous membrane was giving away. It is now nearly three months since I operated upon this patient, and last week I had occasion to make an examination to see if she was pregnant (and I think she is), and I found so far that it is a permanent success. I fear, however, it will be ruptured again at confinement.

Greenville, Mich.

CONCLUDING REPORT OF THE CASE OF OBLITERATION OF THE URETHRA RECORDED IN THE FIRST NUMBER OF THE "NEWS."

By DONALD MACLEAN, M. D., Professor of Surgery, University of Michigan.

The patient F. H. Sheriff was discharged from the University Hospital about the middle of February, practically cured. He passed his urine in a full stream through the natural passage; and even at that time the fistulous opening in the perineum was so nearly healed as to give the patient very little annoyance.

On Saturday, April 27th, the patient, in response to my invitation, once more presented himself at the clinique, when his condition was found to be in every respect most satisfactory. His general health was quite restored, and he had gained flesh to a marked extent.

He voided his urine in a full stream through the natural channel; a full sized catheter passed without difficulty into the bladder, the fistula was so nearly healed that only a small probe could be introduced into it, and the patient distinctly averred that it, the fistula, gave him no inconvenience whatever.

With the view, however, of removing even this relic of his former condition, I introduced a red hot wire into the fistula for a moment, and have since been informed by Dr. Parmenter that the result has been perfectly satisfactory.

The main reason for reporting the precise condition of this case now, is its intrinsic importance from a practical point of view. Great stress had been laid by surgeons on the difficulty of performing this operation, and upon the improbability of thereby restoring the continuity of the urethra. Professor Gouley, of New York, says* of one of his cases: "The

*Diseases of the Urinary Organs, etc., by W. S. Gouley, M. D. Wm. Wood & Co., New York, 1873.

operation occupied nearly one hour, and was the most prolonged and the most difficult I had ever undertaken," and in none of his published cases is the final result by any means perfect.

Mr. Cock, of London, who originated the procedure, says: "I have operated in several cases where the obstruction of the canal was complete, and impermeability permanent. In such cases the patient is condemned to pass his water through the artificial opening in the perineum, unless a new passage should be bored to unite the upper and lower portions of the patient's urethra—*an operation which I have seldom or never known to be successful.*"

The case of Sheriff, which I have now *fully* and *accurately* recorded, was certainly one of the kind thus spoken of by Mr. Cock, and it is sufficient to demonstrate 1st, that the operation is *not always* so difficult to perform, and 2d, that the continuity of a completely obliterated urethra *may* be restored and the artificial opening permanently closed.

FOREIGN BODY IN ŒSOPHAGUS.

By D. C. Holley, M. D.

Ira S., an old man living in this village, while eating beef soup a short time since, took a piece of tough cartilaginous beef in his mouth; according to his own description it was nearly two inches in length and about one inch in diameter. As his teeth were very poor it was not his intention to try to masticate it, but simply to suck the savory juice therefrom and then to spit out the mass, with no attempt at swallowing.

But by some carelessness or inadvertence on his part, he lost control of the sweet morsel and it came within the grasp of the involuntary muscles of deglutition, and in an instant it was squarely lodged in the fauces. All his efforts to cast it out were unavailing, and he made a desperate effort to swallow it. He succeeded in forcing it into the œsophagus, down which it progressed very slowly and painfully until it arrived at the narrowest constricted portion of the tube, opposite a point a little below the cricoid cartilage, where it stopped entirely, and no further efforts at deglutition, frantic though they were, would budge it the fraction of a line from its resting place.

Medical aid was now sought, and the family physician, Dr. S., was called in, who, passing a catheter down, recognized the presence of the foreign body, which was also apparent externally by the slight bulging on the left side of the neck. Dr. S., recognizing the seriousness and gravity of the case, sent for assistance, and we being absent from home, another physician came to his aid.

Improvising a probang by means of a large bougie, an attempt was made to force the substance into the stomach, but without success.

At this time we joined the council and attempted, unsuccessfully, by means of long curved forceps, to sieze the offending mass, as each effort apparently produced a violent spasm of the tube.

Further efforts were also made by probangs to push it into the stomach, but without avail, and the patient, seeing all efforts were so futile, refuse to submit to any further manipulation.

As he could not swallow anything, not even a few drops of water, we concluded to sustain his strength and quench his thirst by large liquid nutritive enemata. From time to time also a saturated solution of pepsine was passed down the œsophagus till in came into contact with the foreign substance. We hoped by the latter means to partially digest and soften the body, and thus faciliate its final removal.

We did not again see the patient till the fourth day after the accident, when we were requested to meet additional council from an adjoining town, Dr. Fox.

Another attempt was now made to crowd the foreign substance into the stomach, for, strange to say, no attempt had been made since the evening of the accident to push it down.

At this time it did not make the slightest resistance to the probang, either from softening and, perhaps, partial disintegration of the substance itself, or total abatement of all spasm of the tube.

A considerable amount of tenderness and soreness upon swallowing was complained of for several weeks, but this all eventually passed away, and the patient made a complete recovery.

It appears to me that immediate and persistent spasm of the œsophagus following the accident in this case, was the cause of all our trouble.

Could we have persuaded the patient to take ether or chloroform, it is quite probable that the mass would have as readily passed into the stomach at the first as at the last effort.

Still it is not improbable that the pepsine may have had some effect in softening the substance; at least the effect of some four days application of heat and moisture in its position must certainly have tended in no small degree to soften and disintegrate the cartilaginous substance.

Vernon, Mich.

SECRET NOSTRUMS.

By C. G. Polk, M. D.

It was an unexpected, and yet a terrible bomb-shell, that the Michigan Medical News recently threw into the camp of quack nostrum manufacturers, in the editorial attack upon copyrighted humbugs. During the past two years copyrighted nostrums have multiplied with great rapidity, and so popular has it become that every one who brings out a new chemical or pharmaceutical, is supposed, for fashion's sake, if nothing else, to patent or copyright it. But no one is more responsible for this course than medical editors. Medical journals have freely given their advertising pages for the introduction of these nostrums —nay, more "Febriine," "Agueine," "Croupine," and the many others, receive editorial recommendations, and thus their use is extended. Notwithstanding the code of ethics forbids their employment, even prominent officers of the American Medical Association both employ and recommend them. It will be recollected that two officers of that Association even recently conducted a public correspondence in the interest of a nostrum, which declares on its label its copyrighted character, and further notes that "the copyright is secured in Europe." These high officers, or the journal editors, cannot plead ignorance of the nostrum character of this article, or find a published formula for it anywhere on earth. This certainly shows a very bad condition of professional morals, and under the circumstances, who can wonder that nostrums command a large sale, or that manufacturing chemists prefer the, so-called, specialties to legitimate remedies. Until the medical press boldly come out on the side of legitimate pharmacy, and do as the Michigan Medical News has done, denounce the principle and practice of secret, copyrighted nostrums, this evil will endure and quackery run rife.

The exhorbitant prices charged for secret nostrums, it seems to the writer, is the least objectionable feature of proprietary medicines. Their influence upon the professional spirit is still worse. They destroy the independence of the physician, give him his remedy for croup, diphtheria, small pox and every evil to which flesh is heir, and make him the mere puppet of the manufacturing chemist. Thus equipped with ready-made prescriptions, he becomes a careless routinist, doing but little better than venerable dames with their soothing syrups, lung balsams, and other supposed specifics. In fact, the dividing line between secret nostrums prepared for the profession, and those for popular use is ill defined, and entirely disappears when the professional nostrum contains a circular written in popular language and designed for popular reading. If these ready-made prescriptions supercede legitimate pharmacy, the effect will be to kill off investigations into physiological therapeutics, and check the onward progress of rational medicine.

So let the attack upon secret medicines be continued until no physician will dare use a copyrighted nostrum, the composition and mode of preparation of which is unpublished.

2349 Catherine St., Philadelphia.

MISCELLANY.

Meeting of the State Medical Society. —The meeting of the State Medical Society at Lansing, on the 15th and 16th inst., was one of the most important in the history of that body. The address of the President was characteristic, and in so far as it avoided medical politics, gave general satisfaction. The papers presented compared, both in number and calibre, very favorably with those of former years. The Society rejected by a vote of 62 against 42 the proposed amendment to the Constitution, which, had it been adopted, would have rendered graduates from the medical department of the State University, under its existing relations to homeopathy, ineligible to membership.

The following are the officers elect for the current year:

President—Dr. Edward Cox, Battle Creek.
Vice Presidents—Drs. Whelan, Thomas, Banks and Dunning.
Secretary—Dr. Geo. E. Ranney.
Treasurer—Dr. G. W. Topping.

Drs. Brodie and Hitchcock were elected to represent the Society in the case of the charges preferred against it, and which will be considered, at the approaching meeting of the American Medical Association.

Cheap R. R. Fare to Buffalo.—The Canada Southern Railway will carry members and delegates of State Medical Society, and their wives, to Buffalo and return, to attend the annual meeting of the American Medical Association, to be held in Buffalo June 4th, at one fare for round trip, viz.: $7.00. Tickets will be valid from June 1st to June 10th, inclusive. Dr. G. E. Ranney, of Lansing, Secretary State Medical Society, will be supplied with certificates and will furnish all members of State Society. These certificates must be presented at Canada Southern ticket offices before starting, in order to obtain the benefit of the reduced rates. Members of other Medical Societies can ob-

tain certificates by applying to Dr. Wm. Brodie, No. 64 Lafayette Ave., Detroit.

FRANK E. SNOW,
G. P. & T. Agt.

RAPID CURE OF A CASE OF STRANGULATED HERNIA. (?)—A correspondent writes us: During a recent very pleasant visit to the city of Lansing, my friend, Dr. Shank, favored me with the details of a very interesting case, the gist of which I propose to record here for the benefit of your numerous readers.

Dr. S. was called recently to an urgent case of strangulated hernia in a patient, who under homœopathic auspices had worn a truss for *more than forty years.* Examination by Dr. Shank failed to detect either the strangulation or the hernia! A plain case of *hydrocele* was all that he could find.

This he at once relieved by the usual means, viz.: tapping, etc., and he ordered the discontinuance of the truss, which order at first alarmed the patient who had long believed the truss absolutely essential to his comfort and safety.

The following letter from the patient to his son testifies to the result of Dr. S.'s treatment: "Dear H. I have adhered strictly to Dr. Shank's advice, insisted on by yourself. I have not been as comfortable for years as I am to-day. It seems strange to give up a habit (wearing a truss), formed over forty years ago. Tell Dr. Shank, I do not know, but he is better acquainted with my system than I am myself."

The symptoms of strangulation were of course merely the result of the irritation of the truss.

A DURABLE CEMENT.—This cement, which will not only withstand the action of concentrated and dilute acids, but is also refractory against alkaline leys, ether, alcohols, bisulphide of carbon, benzole, and other dissolving substance, consists simply of a mixture of commercial glycerine and finely pulverized litharge. In mixing glycerine and litharge, a paste is obtained which will harden, in from ten to thirty minutes, depending on the larger or smaller amount of litharge taken. With this cement, all metals, and, in fact, all solid bodies, may be fastened to each other, not only in open air, but also under water and other fluids, as it hardens just as quickly and as well there as in air. It can withstand a temperature of 225°, and may therefore be employed in any case where at present oil cement is used. In connecting chemical or technical apparatus that is exposed to chlorine or hydrochloric acid gas, sulphurous acid, vapors of sulphur, nitric acid, and other strongly corrosive fumes, this cement has been found to be excellent. The same may be said about the fumes of alcohol, ether, bisulphide of carbon and carbohydrides in general, which, even boiling, are totally inactive upon it.

CEMENT FOR LEATHER.—Of many substances lately brought very conspicuously to notice for fastening pieces of leather together, and in mending harness, joining machinery belting, and making shoes, one of the best is made by mixing ten parts of sulphide of carbon with one of oil of turpentine, and then adding enough gutta percha to made a tough, thickly flowing liquid. One essential prerequisite to a thorough union of the parts consists in freedom of the surfaces to be joined from grease. This may be accomplished by laying a cloth upon them, and applying a hot iron for a time. The cement is then applied to both pieces, the surfaces brought in contact, and pressure applied until the joint is dry.

RULES FOR REDUCING APOTHECARIES' WEIGHTS TO THEIR EQUIVALENT IN THE METRIC SYSTEM.—The following rules have been issued by the Treasury Department for the guidance of the Surgeons of the U. S. Marine Hospital Service under recent instructions:

1.—To express quantities by weight of the apothecaries' system in metric terms, or to write medical prescriptions in metric weights:

RULE A.—Reduce each quantity to grains; then divide the number by 10, (or move the decimal point one place to the left,) and from the quotient subtract one-third. The remainder is in each case the number of grammes representing (nearly) the same quantity. Or,

RULE B.—Reduce each quantity to drachms and multiply the number by 4. The product is in each case the number of grammes representing (nearly) the same quantity. Or,

RULE C.—Reduce each quantity to ounces, and multiply the number by 32. The product is in each case the number of grammes representing (nearly) the same quantity.

2.—To express quantities by measure of the apothecaries' system in metric terms, or to write medical prescriptions in metric cubic measures:

RULE D.—Reduce each quantity to minims; then divide the number by 10, (or move the decimal point one place to the left,) and from the quotient subtract one-third. The remainder is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

RULE E.—Reduce each quantity to fluid drachms, and multiply the number by 4. The product is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

RULE F.—Reduce each quantity to fluid ounces, and multiply the number by 32. The product is in each case the number of cubic centimetres representing (nearly) the same quantity.

OBSTETRICAL SECTION AMERICAN MEDICAL SOCIETY.—The following is the list of papers, with subjects, to be presented before the section of Obstetrics and Gynæcology, at the meeting of the American Medical Association on the 4th prox.:

Address by Chairman of Section, Prof. E. W. Jenks, M. D., Detroit—"Causes of Sudden Death of Puerperal Women."

"Forcible Dilatation of the Urethra in the Treatment of Inflammation of the Female Bladder."—By W. H. Byford, M.D., Chicago.

"The frequently Gynæcological Origin of Inherited forms of Strumous Disease.—By Horatio R. Storer, M. D., Newport, R. I.

"Ovotomy."—By Theophilus Parvin, M. D., Indianapolis, Ind.

"Battey's Operation for Extirpation of the Ovaries."—By George J. Engelman, St. Louis, Mo.

"Hour-glass Contraction of the Uterus prior to Expulsion of Child; with a Case."—By Thad. A. Reamy, M. D., Cincinnati, O.

"Digest of fifty Cases of Uterine Fibroids treated by Electrolysis."—By E. Cutter, M. D., Boston, Mass., and Gilman Kimball, M.D., Lowell, Mass.

"Description of a new Clamp for Perineorraphy."—By W. W. Munson, M. D., Otisco, N. Y.

Papers are also expected, but titles are not given, by Drs. Chadwick, of Boston, Mundé, of New York, and others.

ASCLEPIAS SYRIACA.—Dr. T. Peine Porcher, of Charleston, writes us: I have in my vol. of "Resources of Southern Fields and Forests," 700 pp., 8vo., a notice of several species of asclepias. A. syriaca (A. cornuti, of Decaisne) has many economical uses on account of its fibre. The Indian doctors use the root of the silk weed as a diuretic decoction in gonorrhœa. The root is said to be emetic and cathartic, and is used in dropsy. The A. curasavica of Linn. curasoa, which grows in Southern Florida, is possessed of emetic and sudorific qualities.

DIAGNOSIS OF PREGNANCY.—The following general rule to the diagnosis of pregnancy laid down by Prof. Goodell has the advantage of being couched in familiar terms: "When the neck of the uterus appears to you as hard as the end of your nose pregnancy should not exist; if it appear to you as soft as your lips, the uterus probably contains a fœtus."

PARAGRAPHS.

According the *Louisville Medical News*, the average Kentucky doctor must be an exceedingly convenient individual to have around, and not very expensive either, as witness the following account rendered by him in Owen county:

Mr..... To....., Dr.

To seventeen visits to ——.....	$ 8.50
To preaching funeral sermon.....	$ 1.50
To shaving corpse.....	10
	$10.10

M. Cyon claims before the French Academy that the eighth pair of cerebral nerves contains two nerves of entirely distinct senses—the auditory nerve, and the nerve of space. He claims that it is from the latter that we derive our ideas of extension and of the dimensions of space.

The following added to the list of 1723 published in our last, makes a grand total of 2003 raw recruits to our decimated ranks, and there are thousands more of brave hearts marching on to fill up the gaps:

University of Maryland	100
" " Louisiana	55
" " California	15
Columbus Medical College.....	50
Detroit Medical College	27
McGill University, Montreal.....	20
Medical College of the Pacific.....	13

The Newaygo county doctors met at Fremont Center on the 3rd inst., and organized an association auxiliary to that of Kent county. Dr. D. W. Flora was chosen President, and Dr. J. T. Farley Secretary and Treasurer. We shall be pleased to receive anything from the proceedings of the Association, which may be of interest to the profession.

Surgeons in the U. S. Marine Hospital service may no longer hide their light under a bushel. They will in future conceal their effulgence beneath decalitres.

OVARIOTOMY.—On the 4th inst. Dr. J. M. Snook, of Kalamazoo, successfully removed an ovarian tumor weighing 34 pounds. The patient is doing finely at this time and bids fair to recover.

The Illinois State Board of Health has resolved that after July 1st, 1878, it will not

recognize any medical school, which holds two graduating courses in one year, or which does not require of its graduates attendance in two full courses, with an interval of six months or more.

The *Electic Medical Journal* and the *Detroit Lancet*, of all our exchanges, are the only two, in whose editorial articles the personal pronoun "I" appears. Every journal should have *some* distinctive feature.

The *Ohio Medical and Surgical Journal*, which in its April number, took high ground against "short, paragraphical articles" and abstracts from exchanges, and was willing "to sacrifice immediate popularity to permanent value," has already succumbed to the demands of the times, and has taken on Dr H. G. Landis as associate editor, whom it has placed in charge of the "Miscellany" department, which it has just opened. The world moves, brother Pooley, and you must move with it or be left behind.

Philadelphia has 43 public hospitals, 25 dispensaries, 34 children's homes and asylums, 41 homes and asylums for adults, 13 soup houses and diet kitchens, besides several hundred relief societies. Truly, "the city of brotherly love" is Philadelphia, and it is the abode of *charitable* doctors!

The "Hot Springs (Ark.) Sentinel" contains a card from Mayor Kimball, cautioning visitors to be on the look-out for physicians and gamblers. Things must have come to a queer pass down there.

Lister's popularity evidently does not follow him to his new home. Instead of his crowded lecture rooms as in Edinburgh, he now, in London, speaks to empty benches.

This is the tercentennial year of Harvey's birth, the great discoverer of the circulation of the blood, having been born at Falkestone, England, in 1578. It is proposed to erect a monument to his memory at his birthplace, and £1100 of the £1800 necessary for the work, has been raised.

At a recent meeting of the New England Psychological Society, it was asserted by Dr. Draper that one person in six hundred was insane or idiotic, in the United States,—just the proportion of physicians to the population. These proportions may suggest some uncharitable thoughts, but it should not be forgotten that they are mere co-incidences—nothing more.

Surgeon Cox, who recently died at Chattanooga, was an eccentric man as well as an able surgeon. After the battle of Antietam he amputated the leg of a Connecticut soldier, but became so absorbed in the operation that he failed to notice that his patient was dying. While he was sewing up the stump the hospital steward chanced along and remarked: "Doctor, there is no use going on; the man is dead." The doctor looked up in surprise and replied: "I am sorry the poor fellow is dead, but there is one consolation about the matter, he has gone to heaven with a flap that he can be proud of."

The faculty of the College of France have recommended Dr. Brown-Sequard for the chair of physiology, made vacant by the death of Claude Bernard. Brown-Sequard being an English subject, is ineligible unless he first become a naturalized Frenchman.

Radcliffe tells us that on one occasion a miserly old merchant attempted to steal his opinion with regard to his own case. "What shall I do?" said the patient to him. "Why, Sir, I should advise you to take advice."—There is a lesson here that some of our readers may possibly find it to their advantage to learn.

Dr. Wm. B. Atkinson, of Philadelphia, so well known as the Secretary of the American Medical Association, has been several years engaged in editing a work entitled, "The Physicians and Surgeons of the United States." It contains biographical sketches of some seven hundred of the prominent living physicians of the country. The book will be very convenient for reference, and no doubt will be received with great favor, at all events by the seven hundred, whose names are thus transmitted to posterity.

"The Herald of Health" is the somewhat pretentious name of a rather unpretending journal published by E. W. Gray, Bloomington, Illinois. We extend to it a cordial greeting, and hope it may survive with the fittest.

SELECTIONS.

Heroic Treatment of Idiopathic Peritonitis.—We make the following extracts from a clinical lecture by Prof. H. C. Wood, of the University of Pennsylvania, on idiopathic peritonitis. The lecture is published in the *Boston Medical and Surgical Journal* of the 2d inst.:

A great many high authorities contend that there is no such thing as true idiopathic peritonitis. In positive opposition to this view I hold that I have seen quite a number of idiopathic cases in my own practice. I know no reason why the peritonæum should not share the fate of the other serous membranes.

This has been my fifth case of idiopathic peritonitis in private practice. I have seen

many cases of peritonitis in puerperal women and in the Almshouse Hospital. In the Almshouse Hospital everybody is utterly broken down in constitution, and so no criterion of an acute disorder can be had there. In all of the five cases above mentioned I have had complete cures. My treatment is nothing new; on the contrary, it is very old. I remember my uncle, Dr. George B. Wood, saying that he never lost a case of peritonitis in adult, and the reason he gave was that he always bled his patients from the arm until they fainted, and then put one hundred leeches on the abdomen. I am proud to say that I am a thorough believer in the same plan of treatment, antiquated as it may appear.

You all know that in surgical practice a large number of local inflammations are subdued by obstructing their supply of blood; the inflammation subsides so soon as the passage of blood is prevented. I do not see why I should not apply this precise principle in cases of peritonitis. For just as a fire goes out when you take away its fuel, so venesection must have, and in my experience has had, a most salutary effect. I have said that it makes but little difference whether you take the blood from the arm or abdomen; taking the blood from the abdominal walls should certainly give a more direct effect, though this is not always the case.

What is to be done after venesection? I take my stand on the old theory that calomel has power to modify inflammatory action. In cases of iritis the microscope has positively revealed the absorption of the lymph following its use. We know that calomel renders the blood less coagulable, and stops the production of fibrine. In inflammation there is a great tendency to the production of fibrine of a low order, which is very likely to coagulate. I am, as you see, a most entire believer in the antiphlogistic properties of calomel,—not indeed in inflammations where there is too little fibrine, but in all inflammations where it is in excess. The calomel should be pushed to slight ptyalism and soreness of the gums.

As peritonitis is an exceedingly severe disease, and means death in ninety-nine out of a hundred cases unless they are treated promptly and efficiently, mercury, to do any good, must be taken in decided doses. In my fifth case, referred to above, I gave half a grain of calomel every hour. In this case I am giving one quarter of a grain every hour.

In connection with the calomel opium is undeniably of great value. We do not know exactly how the opium does good, except that as horrible pain breeds physical exhaustion, so opium puts a stop to this pain and to the exhaustion and restlessness accompanying it. Opium may therefore be said 1. to prevent exhaustion and 2. to cause quiet. I think, indeed, that it does even more by influencing beneficently the inflammatory action. If you give opium at all in peritonitis, give it in large doses. Use enough to keep the patient on the verge of narcotism. Opium, like every other medicine, has no fixed dose, but must be administered until its effects are noticed. Never administer opium in the form of hard pills, for the pills collect, unsoftened and inactive, in the alimentary canal, until the whole mass is suddenly dissolved and thrown into the circulation. I therefore advise its use in the liquid form, and in repeated small doses.

The ability to stand large doses of opium in peritonitis is wonderful. In one of my cases *seventy-five* grains of solid opium were taken daily for five days, and the patient made an excellent recovery. In another instance twenty drops of deodorized laudanum were repeatedly injected into the rectum for a long period of time. As the disease wears out, the ability of the system to stand large doses subsides, so that the quantity must be gradually diminished.

The first thing to be done when the leeches have been removed is to apply poultices; whether they are hot or cold makes little difference. Where there is a very marked tendency to feverishness it is perhaps better to apply cold poultices. If the abdomen is too tender to bear the weight of the ice-bag, apply light flannel cloths wrung out of ice water. In this case I have been using light cloths wrung out of hot water. A warm-water dressing may act merely as a local derivative to the skin, but I think it highly probable that some of the warm water oozes through the intervening tissues into the abdomen, and so acts directly as a soothing agent upon the inflamed peritonæum. Do not, however, understand me as making a positive assertion with regard to this point.

After the abdomen has been thoroughly poulticed for two or three days blisters may be used, provided the temperature of the body has not remained high; that is, a blister may be applied at the end of three days if the temperature has fallen in the mean while. Do not put on a small blister. I was talking with my uncle, Dr. George B. Wood, the other evening about this very case, and he said that if he were in my place he would order a blister ten by ten (inches). I have ordered a blister eight by ten.

In concluding, let me point out how far this treatment is applicable to cases of puerperal peritonitis. I am convinced that there

is a class of cases in which it is desirable. Where there is a wave of puerperal peritonitis due to adynamia flowing over a section of country, this treatment will be of no avail, for here the disease is only an expression of a blood disorder. Nor is this treatment well borne where the disease is plainly septic in its origin. There is, however, a third class, in which the disease had been brought on by bruising of the parts during the process of labor. In this class the treatment for idiopathic peritonitis is well borne. These are the cases resulting from an extension of non-septic metritis. Here, of course, free venesection does great good. In these cases there is always decided febrile reaction, but absence of the characteristic puerperal typhoid and adynamic expression of face. In such cases you should always superadd the use of quinia, so as to provoke uterine contraction and so prevent septicæmia.

TREATMENT OF ENLARGED PROSTATE.—Dr. Washington L. Atlee, in article io the *Medical and Surgical Reporter* of the 18th inst., on enlarged prostate, suggests a plan of treatment which he bases on the three following propositions:

1. That the prostate and its vessels are possessed of unstriped muscular fibre.
2. That the bladder is a hollow organ, with an involuntary muscular coat.
3. That ergot will contract unstriped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory on which I based the pratice, and whether the rationale is correct or not, my experience in the use of ergot in such cases has been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently, of old age. I mention this case in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by the treatment.

In these cases it is very common for sedimentary deposits to accumulate in the bladder, which become a source of irritation and discomfort, and if the organ should fail to expel its contents entirely, it is the best every few days to introduce the catheter to remove them.

THE HOT MUSTARD-BATH IN PNEUMONIA IN CHILDREN.—Dr. Leonard Weber, of New York, gives his experience in the use of this remedy, in the American Journal of Obstetrics, April, 1878. He has used the mustard-bath only in the severe cases of pneumonia of children. For years the treatment followed by him was that of the late Professor Traube, namely, the use of infusion of digitalis and nitrate of soda, whenever the pulse and temperature of the patient were high, and there was an indication that something must be done to bring them down. This treatment proved satisfactory for a long time, but he finally failed to have his former success; and in the asthenic cases admitted to St. Francis's Hospital, New York, more than fifty per cent, died in spite of all treatment; and twelve per cent. of the sthenic form died, under the use of digitalis and an evening dose of Dover's powders. He further says:—"The great value of the hot mustard-bath as a means of saving the life of a pneumonic patient, after other remedies had failed, I learned in 1869. About a year before that, I attended J. A., ten months old, a previously healthy and robust child, afflicted with extensive pneumonia, after having been sick for a week with bronchitis. On the third day after I had seen and treated her in the usual manner, she became rapidly cyanosed and died. In November, 1869, another female child of about the same age and similarly good constitution, in the same family, became affected in the same way, and when I saw it I recognized pneumonic infiltration of both upper lobes. In spite of emetics, digitalis, mustard plasters and poultices over the chest, she became cyanotic at the end of the third day, with stertorous breathing, cold extremeties, and failing heart action. It occurred to me at this stage to immerse the patient in a hot

mustard-bath of 105°F., prepared by diffusing about a pound of mustard in a baby-tubfull of hot water. I kept her in for about ten minutes, making thorough friction all over the surface, and until the skin had assumed a pinkish color. After being put to bed, which I had well warmed previously, the child began breathing easier and soon fell asleep. The skin remained warm, and an hour after the bath the child was perspiring freely. With the improvement of respiration, the pulse became stronger and less frequent, and the child took the breast readily. Encouraged by this success, I repeated the process four hours later with the same good result; and after having administered five baths in the course of forty-eight hours, and given no medecine whatever, I had the satisfaction of seeing my patient convalescent."

Since then Dr. Weber has had about fifty cases, and gives here a short account of six of the most severe ones; all of them recovered, some of them being complicated with hooping-cough and measles, and in some cyanosis had occured, the hot mustard-baths relieving the congested lungs and helping the overburdened heart, after other remedies had failed to be of service.

The modus operandi given is that the mustard is a powerful irritant, and the hot water dilates the bloodvessels, and thus a large amount of blood is drawn to the periphery over the whole body, and the obstructed pulmonary circulation and heart's action are relieved. Again, the bath is regarded also a powerful excitant and stimulant of the central nervous system, respectively of the vasomotor center acting upon it by way of reflex, through irritation of the nerves at the periphery, and thus relieves the comatose condition, where camphor and carbonate of ammonia have failed.—*American Practitioner.*

Ozone—its Relation to Disease.—Prof. Baldwin, of Columbus Medical College, republishes in the *Ohio Medical Recorder* a paper on the above subject, which had been published in the *American Journal of Medical Science*, in 1874, from which he draws the following conclusions:

When I commenced the study of this subject, I was biased in favor of the view that ozone could produce disease directly by its presence, and indirectly by its absence. But after a careful and candid investigation, I think this view entirely erroneous. Reasoning *a priori*, from the premises furnished by what I found known of ozone and of epidemics, did not result in a conclusion favorable to any such hypothesis; while a resort to recorded observation proved no more satisfactory. It is true that occasionally, in some circumscribed locality, the fluctuations of an epidemic have seemed to sustain a certain relationship to the fluctuations in the amount of ozone; but such an exception proves nothing. In truth, it would be strange if such a co-incidence did not sometimes occur; for, by a well-known law, a parallelism must exist, now and then, between two independent and irregular curves.

In the relation of ozone to disease, that which accords perfectly with the known properties of ozone, which harmonizes with the results of all observations, and which at once challenges rational belief, seems to be simply this: *ozone influences the general health, only in so far as it purifies the air by destroying*—not the living germs of disease, but—*the products of decomposition.* Beyond this, all views concerning the action of ozone, as a cause, a remedy, or a preventive of disease, rest upon vague and unfounded hypotheses.

Anal Fissures.—"Our next patient has an affection of the rectum. He is already under the influence of ether, but is not breathing freely. When the head of an etherized patient is allowed to fall too low, you will invariably find that trouble begins. The tongue naturally gravitates backward because the patient has no muscular control over it. Whenever this happens stertorous breathing will at once be heard. It will then be necessary simply to raise the patient's head. The tongue comes forward, and respiration again becomes easy. There is another condition in which an etherized patient becomes tetanic. He has opisthotonos, draws himself forcibly and convulsively backward, and his movements are spasmodic. In such a case the need is air, and the ether should be withdrawn. If he throw himself back with great force, turn him on his side, and the condition will pass off. Our patient is nauseated. After he has vomited he will go to sleep easily. He is a laboring man, and says he cannot give us more than one week in which to treat him. At stool he suffers great pain. Yesterday I hastily examined him, but am not yet fully acquainted with his trouble. What I then saw I see to-day, namely, three or four small fissures, which undoubtedly are the entire cause of his suffering. One of them is healed, and another nearly so; a third is raw and ulcerated. When the anus is stretched in the act of defæcation the fissures reopen and give intense pain, just as the cracks in the corners of the mouth during a meal.

..troducing my finger I do not feel anythi abnormal within the rectum. It is probable that the trouble is confined to the

margin. The method of treatment is to work the two thumbs into the bowel, grasp the tuberosities of the ischia with the fingers, and then rupture the sphincter muscle, as I have now done. The cracks have thus been widened. I now pass an Allingham speculum and examine higher up. I find nothing but this fissured condition, which is very marked, as I will show you in a moment by thoroughly stretching the rectum. The principal fissure is situated on the posterior wall. I now take the knife and lightly score the membrane, just cutting down to the fissure itself. This I do in several directions. We shall keep the bowels open for a week. Aside from this, merely ordinary care is all that will be necessary.—From Clinical Lecture by Prof. Cheever.—*Boston Med. and Surg. Journal.*

PHOSPHORUS IN CHRONIC ALCOHOLISM.—Dr. d'Ancona, in *Gazette Medicale Italienne*, gives his experience of the use of phosphorus as a remedy in the treatment of chronic alcoholism, and reaches from it the following conclusions:

1. Phosphorus is a very useful remedy in chronic alcoholism.

2. The medicine is perfectly tolerated in doses who no one has dared to give heretofore—10 centigrammes (nearly 1½ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system even when the liquor has not been entirely stopped.—*Virginia Med. Monthly.*

BALSAM OF PERU IN CHRONIC CATARRH.—Dr. Wiss recently asked the interest of the Medical Society of Berlin in the healing qualities of the neglected balsam of Peru. Wiss asserted that in all cuts and lacerations of the skin or muscular tissue the application of the balsam is at once followed by relief of pain and rapid repair without suppuration or any signs of inflammation (?). The power of the balsam to prevent suppuration led him to its use in chronic catarrh. He gives four parts of balsam to one hundred and twenty parts of yolk of egg, one teaspoonful every two hours, with excellent results.—*Boston Med. and Surg. Journal.*

FORMULARY.

HOUSEHOLD RECIPE FOR DROPSY.

Dr. Summerlin gives in *Virginia Medical Monthly* a prescription which was for a long time a secret, and which is said to have been of singular service in dropsy. It is as follows *verbatim et liberatim:*

℞. Steel dust,.....3 tablespoonfuls.
Grape vine ashes, ...2 "
Powdered chamomile flowers,4 "
Powdered sassafras bark .....3 "
Powdered dogwood bark.....3 "
Sulphate quinia.....grs. xx.
Best vinegar.....1 pint.

Mix well, stirring for several minutes over a slow fire. Add half a pint of molasses, and continue to stew over the fire. Take off the fire and continue to stir. Place on the fire and stew again for three-quarters of an hour. Take off, cool and filter.

At first, give a hydragogue cathartic of bitartrate of potash and jalap. Follow this by teaspoonful doses of the prescription in sassafras tea before each meal.

ERASMUS WILSON'S ACNE OINTMENT.

℞. Hypochloride of sulphur..... ..... ʒ ij.
Subcarbonate of potash.....grs. x.
Lard..... ʒ i.
Oil bitter almonds.....gtt. x.
Mix.

BRONCHINE.

The famous "bronchine" is made from a prescription originally obtained by a member of the Union Club, of New York City, from his medical attendant, which is as follows:

℞. Mag. sulph..... ʒ ij.
Spts. mindereri ..... ʒ vj.
Syr. limonis..... ʒ ij.
Mix.
Sig. Dose, a tablespoonful. (*Hosp. Gazette.*)

FAMILY OINTMENT.

A correspondent to the *Druggist's Circular* contributes the following formula for what is known as "Sanative Ointment":

℞. Prepared mutton suet.....32 ounces.
Oil of sesame .....10 "
Oil of origanum. . ..... 2 "
Camphor..... 4 "
Resin..... 4 "
Yellow wax..... 4 "
Borax ..... 1 "
Glycerine..... 1 "

Melt the beeswax, the suet and the resin together, and to the mixture, while still warm, add the camphor dissolved in the oil of sesame by means of gentle heat. Lastly, add the oil of origanum, the borax and the glycerine.

FACTITIOUS LEMONADE.

Loaf sugar 2 lbs., tartaric acid ½ oz., essence of lemon 30 drops, essence of almonds 20 drops. Dissolve the tartaric acid in two pints of hot water, add the sugar, and lastly the lemon and almond; stir well, cover with a cloth and leave to cool. Put two tablespoonfals into a tumbler and fill with water. This costs only 30 cts. for 10 pints and is said to be better than lemonade. The addition of a little bicarbonate of potash just before drinking, gives a pleasant effervescing drink.

FOR FRECKLES.

Prof. James C. White, of Harvard, recommends the following:

℞. Hydrarg bichloridi .....grs. vj.
Acidi muriatici dil..... ʒ j.
Aquæ..... ʒ jv.
Alcohol.
Aq. rosæ, āā..... ʒ ij.
Glycerinæ..... ʒ j.
Mix.
To be applied carefully at night.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, JUNE 10, 1878. No. 10.

EDITORIAL.

TOASTING SPECIALTIES.

At a banquet given by the Kentucky State Medical Society, at its last meeting, toasts were proposed on "the eye and ear" and were responded to by gentlemen who make a specialty of the treatment of these organs. The *Richmond and Louisville Medical Journal* takes umbrage at this; intimates that the practice is all wrong, because it has a tendency to advertise the gentlemen who respond to such toasts.

The objection, it seems to us, is puerile in the extreme. The "eye" and the "ear" are legitimate specialties and are so recognized by the profession. Gentlemen who devote themselves exclusively to the study of these organs do a work which, were it left to the general practitioner, would be sadly neglected, and lamentably to the injury of humanity. We can, therefore, see nothing more "execrable in introducing such a toast at the table of hospitality" than in introducing a toast on any other subject in which the partakers of the hospitality are interested. It is, moreover, but seemly, and withal, very natural, that professional gentlemen should make their convivial occasions savour more or less of their calling, and the objection to their doing so on the score of the opportunity it might give any one of advertising himself, is exceedingly far fetched.

The *Detroit Lancet* quotes the sentiment of the *Richmond and Louisville Medical Journal*, lends it its endorsement and makes it the text of a very dilute editorial article entitled, "Bob Sawyerism in the Profession."

The Michigan State Medical Society at its late memorable meeting, like the Kentucky State Medical Society, indulged in a banquet. The banqueters at Lansing, however, differed from the Kentucky revelers in that they had no "chiel amang them takin' notes." But it has leaked out, and the information comes to us from a most trustworthy source, that there were toasts and responses on the occasion and, moreover, that the editor of the *Lancet* himself made a speech and on a subject, too, more or less "special" in its nature; and, if we mistake not, a notice of his having so done appeared in the public prints. We are also personally cognizant of our brother's name having been in print on divers and sundry occasions and that, too, in connection with matters professional as well as non-professional. Now it has never once entered our head that there was anything at all improper in all this, and we have never heard it objected to. We merely mention the fact in this connection to show how wrong and how boomerang-like is the position taken by the *Lancet* on the question of doctor's names appearing in print. The fact of the matter is, the doctor is an important individual, he is, as a rule, a leading citizen in the community, and argus-eyed reporter considers him lawful prey. It would be exceedingly unjust, as in the case of the editor of the *Lancet*, simply because his name appears occasionally in print, to substitute for that worthy patronymic the name "Bob Sawyer" with all that that implies.

We should advise the editor of the *Lancet* when, in future, he leaves home to attend a banquet, to give strict injunctions to his underling tyros and more especially to the big "I" individual, to send no copy to the printer. He might thus be able to save his "very valuable journal" from being made ridiculous by its inconsistencies as well as by its total disregard for all the known rules of grammatical construction. The proof reader can look after the spelling, but he is never expected to entirely remodel an article. This advice, however, is merely parenthetical and given in the interests of an advanced standard of American Medical journalism. *Ne sutor ultra crepidam.*

The *Richmond and Louisville Medical Journal* verry wittily (?) advises that the

advertising field be enlarged and suggests as additional toasts "the Chancre" and "the Rectum." The witticism strikes a responsive chord in the breast of the *Lancet*. The sally is certainly very *recherché*, commends itself to a refined sense of humor, and when our contemporaries shall see fit to enter upon the cultivation of either of the localities indicated (by way of making them specialties, we mean) their brethren of the profession, we are convinced, will not have the heart to begrudge them any notoriety, which the toasting of their pet subjects, even though it be "at the table of hospitability," may win for them.

We are in receipt of several communications which we are obliged to return to the writers because of their not coming within the rule of brevity adopted by the NEWS. An article which would occupy three columns in our journal, must have very especial merit to gain admittance, and the curtailing of its length by one column would so much the more enhance its value.

If the communications above referred to were properly condensed and divested of the remarks they contain on pathology, they would come within the space we could afford to devote to them. The article on typhoid fever has some useful practical hints, but they are as a needle in a haystack, compared with the theoretical verbiage and the remarks on pathology it contains, and we have neither time nor patience at our disposal to pick out the kernels. Had the writer given us the result of his experience in the use of ergot, muriatic acid and turpentine, and respectfully referred us to Ziemssen's Encyclopedia (from which we notice he has copied almost verbatim) for the pathology, we should have been pleased to accept his article. We want no pathology, and especially do we not wish any from a man whom we happen to know does not possess any means of investigation, and could scarcely tell the difference between a microscope and a kaleidoscope.

The following have remitted since our last issue, May 25th:

Michigan.
E. J. Ayres, James Rumer, James Yates, L. H. Pierce, J. B. Hull, W. W. Milliken, John Harvey, I. E. Brown, R. D. Patterson E. B. Dunning, John D. Conely, Charles Douglas, Edwin A. Lodge.

Indiana—J. H. Gibbs, U. A. W. Hester, A. Patton, Laudon & Maxwell, Y. S. Troyer, F. G. Grisier.

Illinois—John F. G. Helmer, Theodore Wild, T. J. Pitner, H. H. Church, T. D. Washburne.

Ohio—Wallace M. Park, I. Q. A. Clowes, S. A. Conklin, I. W. Miller, Q. W. Schneider, I. Bower.

Iowa—A. G. Ward, E. M. Reynolds, D. W. Swiggart, P. Hostetter, —— Kittle, T. A. Bayer, D. A. Shiley, A. Schooley.

Kansas.—W. W. Cochran, Charles Williamson, John C. Batsell, L. W. Lynd.

Missouri.—D. H. Webster, Counsel D. Oates, J. H. Moses, S. C. Thomas, Thomas Owen.

Pennsylvania.—D. W. Hogue, D. B. Traver, J. H. Krause.

Tennessee.—B. B. Lenois, J. L. Alexander.

Wisconsin.—C. A. Rood, J. Sperry.

Dakotah Territory.—M. A. Collins, G. W. Vanderhule.

Nebraska.—R. R. Livingston.

New York.—R. De Cotnonville.

ORIGINAL ARTICLES.

CASE OF INTUSSUSCEPTION, RESULTING IN SLOUGHING AND THE DISCHARGE OF THIRTEEN (13) INCHES OF SMALL INTESTINE.—COMPLETE RECOVERY OF THE PATIENT.

Reported by D. C. Powers, M. D.

On Tuesday, April 3rd, 1878, I was called to see a boy, aged 14 years, who had been taken the Sunday morning previous, with severe pain in the bowels, followed soon by vomiting of ingesta and occasional thin, dark, bloody evacuations. I found him with high fever, bowels extremely painful, tympanitic and very tender to the touch. Considering it a case chiefly of peritoneal inflammation, I put him upon opiates, aconite, light mercurial alteratives, with hot fomentations to the abdomen. Under this treatment the fever, pain, tympanites and soreness had so much abated, that at the end of forty-eight (48) hours, I thought I might obtain an operation of the bowels. A full dose of castor oil, with fifteen drops of turpentine, was administered; this soon threw the patient into the greatest distress, lighting up again all the severe symptoms, with profuse stercoraceous vomiting, and, another time, dark, bloody discharge from the bowels.

I now felt satisfied of what before I had become suspicious, that this was a case of intussusception. Deeming it too late, now, to expect a removal or reduction of the invagination, the only hope was a union of the parts of the bowel above and around the involved portion, and the subsequent sloughing off, and coming away of the portion thus involved. To favor this result, he was put upon a more *strictly* opiate treatment, continuing the hot fomentations, and giving him every six to eight hours a large warm water enema.

He soon became very comfortable again, and seemed to continue to improve until the morning of the eleventh day, when after giving him the usual warm water enema, he had for the first time since he was taken ill, a free alvine evacuation of the consistency of batter. Discharges of that character continued every

few hours during the following two days, when, on the morning of the thirteenth day from the first attack, there came away with a free natural movement some thirteen inches of the small intestine, and the portion of the mesentery involved with it.

Quietude was then enjoined, with a mild diet, and opiates continued sufficiently to control the griping pains that still occasionally troubled him.

From that time on he has steadily improved, until now, four weeks from the coming away of the slough, he seems nearly as well as ever; appetite good, bowels regular, and flesh and strength returning quite as rapidly as could be expected.

I, perhaps, should add that a short time before he was taken sick, the boy had rested the whole weight of his body, with the bowels across the edge of a manger in the barn, for the purpose of reaching down and removing something from the bottom of it.

Coldwater, Mich., May 11, 1878.

SMALL DOSES OF PODOPHYLLIN FOR THE RELIEF OF PILES.

By A. Hazlewood, M. D.

Mr. G. has been a sufferer from hemorrhoids for quite a number of years. He is a man of originally very strong frame, and has in his earlier days worked very hard as a mechanic. At last his loss of blood, together with the distress occasioned by his infirmity with some other troubles, either occasioned by this, or at last accompanying it, compelled his retirement from business. He was treated by a surgeon in another part of the country, with some acid preparation locally, with the effect of a large amount of relief, and he so far improved in health, that he felt competent to embark again in business. Our climate and the perplexities of a new business soon brought on a relapse of his troubles in an aggravated form. About this time in his history he came under my charge; by disposing of his business and by some medication he measurably improved, still his piles troubled him very much; a long course of ointments benefited some, especially one containing ergot, but it was not satisfactory. About this time I saw small doses of podophyllin recommended for this sort of trouble, but cannot remember author or journal, and have failed to find it again. My patient had become imbued with the idea that an operation by injection, of which he had heard something, might relieve him. I assented, and used a few drops only of liquor ferri persulphatis to the largest of the tumors, which, when extended, surrounded the anus like a fold making a mass over two inches in diameter. This injection was so painful that I desisted from further operative procedures, and at once placed him on a daily dose of podophyllin, one-fifth gr., and ergotin one-quarter gr., rubbed thoroughly with sugar of milk for facility of dispensing. This quantity to be taken in two doses.

He soon began to improve, and after about sixty days use of the powder I omitted the ergot and made his prescription of the podophyllin and sugar of milk only. He is now very much stronger, can work considerably, has lost his exsanguined appearance, and states that the tumors are almost entirely gone, those not injected as well as the one that was, and feels confinced that the powders have worked the change.

That success in one case, no matter how bad it might have been, does not justify the laudation of any particular form oft reatment, I am well aware; and, therefore, before writing this, have tasted this treatment in other cases—one especially, when the patient lost blood every day, and suffered sometimes excessively from a laxity of the sphincter, permitting the tumors to extrude; has used the podophyllin in one-fifth grain doses once a with marked benefit, and unless he commits an excess in diet, or omits the use of his powder, does not suffer from either pain or loss of blood at all. There is a drawback to this plan of treatment; viz: it is not curative; the powder must be taken every day continuously. With such a climate as ours, where the causes are continually operating producing malarious and liver diseases, it is but a small thing to take such a powder daily, to relieve one from so distressing a complaint as hemorrhoids.

Grand Rapids, Mich.

A CASE OF PUERPERAL CONVULSIONS TREATED BY TURPENTINE APPLIED EXTERNALLY.

By J. Camp, M. D.

May 8th, 1878, I was called to see Mrs.—, aged 24, the mother of one child. I found her just recovering from a three hours chill, as she described it. Said she was three months pregnant, was having pains and was flooding some. I prescribed Dover's powder and rest.

May 9th—found the patient with a high fever, moderate pains, abdomen tympanitic and very sensitive to pressure. Ordered the medicine continued and hops over the uterine region.

May 10th—was delivered of a three months' fœtus; no flooding following.

May 11th—A messenger came for me in great haste, saying "my patient was dying in a fit." I was five miles from home and had to be sent for; three hours time was con-

sumed by the messenger and myself before I reached the bedside. I found a case of puerperal convulsions of the epileptic variety, of which she had had seven attacks previous to my arrival, and was then in the eighth. I prescribed bromide of potassium and hydrate of chloral in quite large quantities, once in twenty minutes. During the next two hours four more attacks occurred, and while in the twelfth one, I applied turpentine freely to the abdomen and back of the neck, when the convulsions ceased and she made a rapid recovery.

I submit the treatment of the case upon its merits, thinking, perhaps, that it contains hints that are worthy of consideration.

Bangor, Mich.

MISCELLANY.

Model Treatment of Abortionists in Germany.—In April 1875 four Americans, claiming to be graduates of American colleges, applied to the medical authorities of Berlin for permission to open an establishment to be known as the "American Lying-in Asylum." Permission having been granted, they rented a small house and before long had established a large *clientele.* The *elite* of the city became their patrons, and the success which attended them was remarkable. It happened that in the same city there was a high-toned female seminary, kept by one Mme. Durivage. A very handsome young baroness lately attended this seminary, and she found time from her studies to form a *liason* with a certain Lothario known as von Derffling. But very handsome young baronesses are human, and this particular one found that she was about to become a mother, without having first attended to the legal formalities. Mme. Durivage was consulted in the matter, and as Herr von Derffling had money, the baroness was sent, at his expense, to the "American Lying-in Asylum." Von Derffling had a friend who had patronized the "Asylum" to the extent of sending to it two young girls, whom he had ruined and who had had abortions procured there. The father of one of these girls had by some means become informed of his daughter's doings, and of her connection with the "Asylum." He promptly disowned her and gave notice to the police, who at once instituted a search which resulted in the arrest of three of the American doctors, Mme. Durivage, Herr von Derffling with his friend, and several attachés of the asylum.

The investigation of the authorities revealed a horrible state of affairs. The "Asylum" proven to be nothing more than a place where abortions were procured in the most brutal and wholesale manner. The patients belonged mostly to the higher classes, and a large number were school-girls, whom confiding parents had sent to aristocratic seminaries in Berlin. In the garden back of the house was found a furnace which, according to the confession of an assistant, was used for burning the fœtuses, and hidden in a dunghill were found the charred remains of a number of them. A bugle was also found in the establishment, on which one of the "professors" is said to have performed in order to drown the shrieks of the miserable victims while they were being operated on by his accomplices, who never administered anæsthetics.

The result of the trial has been the conviction of those arrested, and their sentence as follows: One of the "professors" to death, and two to penal servitude for life; Mme. Durivage to solitary confinement for eight years; Herr von Derffling and his gay friend to the same punishment for five years each; an agent of the "asylum" to fifteen years, and two assistants to five years each. The fourth "professor" has managed thus far to elude arrest.

The Prevention of Puerperal Fever.—The *Medical Times and Gazette* of March 30, 1878, has a capital editorial on the subject, giving a resumé of the recent German investigations and experiences, of which we make the following abstract:

The first efforts at applying Lister's method in obstetrics (for which the Germans have coined the word "Listern," just as we have Anglicized Galvani's name into galvanize), were made by Bischoff, at Basle, in 1870. He gave a bath as soon as the first labor pains were felt, and washed out the vagina with a two per cent. solution of carbolic acid every two hours. The fingers of the attendant were anointed with 10 per cent. carbolized oil before each examination, the whole hand having been previously washed in a 3 per cent. watery solution of carbolic acid. If the hand was passed into the uterus, or if the fœtus was dead and decomposed, the vagina was washed out with a 2 or 3 per cent. solution of the same substance; and in all cases the vagina was frequently syringed out with the same solution for thirteen days after delivery. After labor any laceration or abrasion was smeared with a ten per cent. solution, and lastly a pad of cotton soaked in carbolic oil (one to ten) was packed closely at the entrance of the vagina and renewed frequently. The success under this method was very gratifying.

In 1875, Fehling recorded his experiments at Prof. Credé's clinic at Leipzic. He applied

a mixture of salicylic acid and starch (one to five) to all abrasions or wounds of the external genitals and syringed the vagina from four to eight times daily in case of fever or fœtid discharge with a solution of salicylic acid, $\frac{1}{6}$ to $\frac{1}{10}$ per cent. Carbolic spray was used during labor, but it was soon abandoned as it was thought that it induced a tendency to post-partum hæmorrhage. The results of the other treatment were excellent.

In 1877, Schücking suggested after washing out the vagina with a 5 per cent. carbolized solution, that the uterus should be continuously irrigated. He tried the method in eight cases with satisfactory results, but the number is too small to justify any opinion as to the value of the method.

Prof. Zweifel, of Erlangen, describes his method and results in an elaborate article in the first number of the *Berliner Klin. Wochenschrift* for the current volumn (1878.) He combines antiseptic treatment proper with a scrupulous observance of perfect cleanliness in all the surroundings of the patients. Vaginal examinations during pregnancy are only made after careful washing of the hands and smearing them with carbolized oil, the vagina being usually after the examination washed out with a 5 per cent. carbolic solution. This is to prevent the possibility of septic matter being introduced into the vagina previous to labor, and there retained to be taken up into the uterus after expulsion of the fœtus. In every labor where the hand is introduced into the uterus, or where air has gained entrance or gaseous decomposition has taken place, the uterus is washed out with large quantities of fresh water. All external wounds or abrasions are carefully dressed with Fehling's mixture of starch and salicylic acid. The external genitals are examined daily and the temperature is accurately recorded. The rooms, beds and bedding to be used by the lying-in patient are thoroughly disinfected by being exposed for several hours to the fumes of sulphur burned in iron or fireproof

From April 1876 to October 1877, during which time this method has been carried out "with pedantic strictness," there were 184 confinements with but one death—a woman with cancer on whom the Cæsarian operation was performed. In 143 of these cases the temperature was perfectly normal. Of the remainder, in 13 cases the only morbid symptom was a slight rise of temperature on one or two days; the other 28 had more or less pronounced symptoms of fever—twelve only being very marked, and in five only were the symptoms indicative of danger. Zweifel considers these results fully equal to Bischoff's, and that they show that there is no necessity for a very complicated system of antiseptic practice.

Spiegelberg at Breslau, has carried out a system closely resembling this, with the magnificent result of only five deaths in nine hundred labors.

With this evidence before us there is no escape from the conclusion, that it is our duty to apply and extend the practice as widely as possible. I should be carried even into the domain of private practice, for there can be no doubt that even here the risk of infection from without is very great, and if the practice were enforced in every instance, we should find a large diminution in the sporadic cases of fever, which now carry off so many lying-in women. Thorough and systematic disinfection of the vagina ought never to be omitted, and nurses should be trained to the appropriate methods of doing it. It should be a routine practice and never be left to the caprice or predilection of any attendant, whether professional or lay. Whatever the poison may be—bacterial or otherwise, it makes no difference—when once it has entered the system, we are only too helpless in the control of it, but we can certainly prevent its entrance by a strict observance of the antiseptic method. It is simply a matter of duty therefore, to do this, and enforce one rule only—*keep it out.* E. S. D.

Lithotomy and Lithotrity.—At a recent meeting of the Royal Medical and Chirurgical Society of London, Sir Henry Thompson read an account of his experience in 500 cases of operation for stone in the bladder of the adult male. All the patients were above twenty years of age—the great majority of them being from fifty to seventy-five—the mean age being sixty-one and a half years.

The cases were not selected, but comprised the author's entire experience, from his first case up to January, 1877. Of the 500 cases reported 422 were treated by lithotrity and 78 by lithotomy. Of the 422 lithotrity cases 39 were fatal, or one in rather more than every thirteen. The whole number of individuals operated on was 420, a number of the lithotrity cases being operated on twice, and in a few instances three times. In the 78 cases of lithotomy there 29 deaths, or 1 in $2\frac{3}{4}$—a total in the 500 cases 61 deaths, or 1 in every $8\frac{1}{2}$ cases. The chemical constitution of the calculi was as follows: Uric acid, 313; phosphates, 99; mixed, 81; cystic oxide, 1; pure phosphate and carbonate of lime, 2; phosphate formed on foreign bodies, 4. The causes of death were tabulated, compared and contrasted in the two operations, and the accidents met with in operating with the means

of avoiding or overcoming them, were also detailed, these accidents being generally due to attempts to crush too large a stone. The general conclusion arrived at was that it is unwise to apply, as a rule, lithotrity to stones above a moderate size; any stone large enough to require a fenestrated instrument, is best removed by cutting.

Mr. Cadge, in discussing the paper added to Sir Henry Thompson's experience that of Brodie, Ferguson, Liston, Keith and himself, making a total of 892 cases with 74 deaths, or a mortality of one in 12, which he thought might be accepted as the average death rate after lithotrity. He had himself operated on 220 patients—on 134 by lithotomy, on 86 by lithotrity. Of his lithotomy patients 104 were adults and 30 were below twenty years of age Of these 20 per cent. died, while in the lithotrity cases there were 8 cases, or a little less than 10 per cent. Recurrence of stone after lithotomy is rare, Mr. Crosse in 700 operations having found only 12 instance, while after lithotrity such recurrence is comparatively common, and this was instanced as one of the chief defects of the operation. Another is the cystitis which Sir Henry Thompson considered unavoidable and due to fragments of the stone or to the repeated use of the instruments. In his opinion, however, a more frequent cause is sacculated bladder from enlarged prostate, and an accumulation of matter in the bladder.

Sir James Paget thought in view of the now recorded experience, it was fair to compare the results of lithotomy and lithotrity, but he confessed his preference for the former. This preference was mainly based on the condition of those who neither died nor got well after lithotrity, and where cystitis caused death within a year after the operation, he felt it should probably and appropriately be included in the mortality of the operation. If he were to begin his surgical work again he would adhere to lithotomy, reserving crushing for cases where the stone could be got rid of in a few sittings. He was sure the mortality, after lithotrity, could be reduced one-half by improvement in the after-treatment, and in carefully selecting the cases. E. S. D.

The Destruction of Life in India by Wild Animals.—Sir Joseph Fayrer, who is so well known to the profession for his studies on the bites of venomous animals, has recently called attention to the appalling loss of life from this cause in India. In a paper read before the India Section of the Society of Arts, he quoted from the Governmental reports for the year 1875 the startling fact that in that year no less than 20,805 persons, and 46,805 head of cattle perished from this cause. Elephants killed 61 human beings, and 6 head of cattle; leopards 187 persons and 16,157 cattle; bears 84 persons and 529 cattle; wolves 1,016 persons and 9,407 cattle, hyenas 68 persons and 2,116 cattle; jackals, boars, buffaloes, alligators and other animals 1,446 persons and 3,001 cattle; and worst of all, the record is concluded with the death of 17,070 human beings and 3,166 cattle from snake bites. The Governmental efforts to diminish this appalling sacrifice of life amount to but little, as they are not well organized, and besides it is very difficult to obtain the co-operation of the natives, notwithstanding the fact that they are the principal and almost the only sufferers. Superstition prevents them from killing the tiger, an animal which they reverence as they reverence all other objects of fear, lest their spirit should haunt or do them mischief. He who kills one even in self defense, goes to great pains and expense in purging himself of the crime. There is a popular belief that the wounds from the claws or fangs of a tiger are of a poisonous nature. This, says Sir Joseph, is not true; it is possible, of course, that septic matters from decomposing food may cling to the teeth or claws, and so poison a wound; but even this is not very probable as these animals are scrupulously cleanly. The truth is, the wounds are dangerous, because they are deep punctured and lacerated, otherwise they have no peculiarity and not often they heal rapidly. It is remarkable how many escape the clutches of a tiger, he seldom kills outright, nor does he carry its victim far from the spot where it was struck down, except in the case of the confirmed "man-eaters." There is a blow, a bite, generally in the shoulder, a shake or two, the victim is dropped or dragged for a short distance, and then abandoned. These injuries are frequently fatal, but by no means uniformly so. E. S. D.

Mr. Spencer Wells has recently removed a solid uterine fibroma weighing seventy pounds. The tumor was enucleated from between the two layers of the right broad ligament, and was attached to the posterior surface of the uterus, which was normal in size, and from which it had to be separated by cutting. After enucleation the two opposite sides of the capsule of broad ligament were brought together behind the uterus and stitched up by twenty points of fine silk suture, thus shutting off the lacerated cellular tissue from which the tumor had been torn from the cavity of the peritoneum proper. The right ovary, although healthy, was removed for the reason that the Fallopian tube and broad ligament on that side had been

torn in the removal of the tumor. There were also broad and strong attachments in various directions requiring division by the knife. The external wound required twenty-five silk sutures for its closure. But little blood was lost considering the great size of the tumor, and the extent of the adhesions. The operation which was undertaken as an exploratory incision to decide the possibility of the removal of the growth, occupied just an hour, and the patient made an excellent and rapid recovery. Altogether the operation is one of the most remarkable on record, and is well worthy of notice as illustrating the possibilities that may be attained in the removal of abdominal growths.

Dr. Brown Sequard, so many years a resident of this country, has been nominated to the Professorship of Physiology in the College of France, to succeed the illustrious Claude Bernard, whose career and death were noticed in our last issue. Being a British snbject (born in the island of Mauritius, his father being a native of Philadelphia, Pa.) he must be naturalized in France before, he can be confirmed. Many years of his life have already been spent in Paris in physiological pursuits, in which he has achieved a reputation quite equal to that of his distinguished predecessor. Prof. Charcot is also a candidate for the vacant chair, and his name seems to be received with quite as much or more favor than Brown-Sequard, the prominent objection to the latter being his nomadic habits,—as he has already held a chair in the Paris Faculty, another in London, a third in this country (N. Y.), and is now occupying his fourth in the University of Geneva. E. S. D.

A Monster.—Through the kindness of Dr. G. A. Foster, of this city, we were recently permitted to examine an infant which presented some remarkable abnormalities. The child, a female, when we saw it was alive and ten days old, and nursed vigorously. From the tuberosity of the ischium there projected a third leg six inches in length. This leg was perfectly formed in every particular, and was apparently attached to the pelvis by a ginglymoid joint. The foot equalled in size that of each of the other feet, and the ankle joint was in every respect normal. There was also absence of the greater portion of the bodies of the pubic bones, and extrophy of the bladder. At birth only the bladder protruded, but when we saw it there was also extrusion of the liver and a large portion of the small intestine.

The mother attributed the abnormalities of the child to a fright, which she got during the second month of gestation. A young man had caught a hawk in a trap and tied it by means of a string to a tree in the back yard. The trap had broken and badly lacerated the hawk's leg, and the woman who went out to see the sight, claims to have experienced a shock on viewing it, which struck through her womb. This is certainly of interest in connection with the subject of maternal impressions.

Pruritus Vulvæ.—Duhring, in his recent work on skin diseases, mentions favorably camphor, chloral and borax in various combinations.

℞. Chloralis,.....gr. x ad xxx.
Aquæ,..... ℥ i.
M. Use as a lotion.
℞. Sodæ biboratis.... ..... ℥ ss.
Morphiæ sulphatis.....gr. viij.
Glycerinæ, ... ℥ ss.
Aquæ, ... ℥ vijss.
M.

Those preparations, somewhat diluted, may also be used as injections. For this purpose also nitrate of alumina, one drachm to one ounce, is highly recommended. As an ointment the following has been found efficacious:

℞. Camphoræ pulv.,
Chloralis hydratis, āā..... ʒ i.
Ungt. aquæ rosarum, ... ℥ i.
M. Apply locally.

Western Michigan Medical Society.—A number of physicians from Kent and adjoining counties met at Sweet's Hotel, Grand Rapids, May 22d, and organized a society, to be known as the Western Michigan Medical Society. Dr. Thomas, of Allegan, was elected President, with seven Vice Presidents, as follows: A. Platt, Kent; J. B. McNett, Ottawa; E. Amsden, Allegan; C. P. Donaldson, Muskegon; A. P. Drake, Barry; T. B. Wood, Mecosta; J. Mulhern, Montcalm.

Corresponding Secretary, F. B. Wood, Big Rapids; Recording Secretary, C. J. Woolway, of Grand Rapids; Treasuser, C. Shepard, Grand Rapids.

Meetings to be held on the third Wednesday of May, August, November and February.

Adjourned to meet in Grand Rapids Aug. 21st, 1878. A. H.

Milk as a Hypnotic in Alcoholism.—Dr. Kitchen, of the N. Y. State Inebriate Asylum, says that they have observed in that institution that milk, taken in the quantity of a glassful at bedtime, has a pleasant hypnotic influence on the restless and sleepless inebriate. They now, as a rule, place their patients on a milk regimen before prescribing medicine.

Experience has also shown that the hot bath has greater influence in quieting the nervous irritability and unsettled condition of the victims of alcohol than any medicine that can be prescribed.

DANGER FROM CONSUMPTIVES.—Experiments conducted in Buhl's laboratory at Manaco, by Dr. Tappeiner, go to create some doubt as to the non-contagiousness of phthisis. One experiment consisted in mixing the sputa of a consumptive with water, and causing five dogs to inhale the same in the form of spray. Two of the animals were also obliged to swallow a portion of the mixture. They were killed six weeks afterwards and subjected to an examination. A general miliary tuberculosis of the lungs, liver and kidneys presented itself, and, in the two which had swallowed the matter, the digestive apparatus was similarly affected. Carmine had been mixed with the liquid, and it was found in the pulmonary cells.

The practical conclusion from these experiments is, that there is danger to persons living in illy ventilated appartments with consumptives.

SOPHORA SPECIOSA—A NEW HYPNOTIC.—Prof. H. C. Wood, Jr., has discovered a new alkaloid in the seeds of the *sophora speciosa*, a native plant of Texas. He has named the alkaloid *sophoria*, and claims that half of a single seed is sufficient to produce a delicious exhiliaration, which is followed by a sleep of one or two days duration.

PARAGRAPHS.

Such evidences of reason, as the following, among the laity, are encouraging. Mr. Augustus Sala in the *London Illustrated News* says: "It strikes me very forcibly that, so far from being fleeced by the general practitioner, we are often apt (unconsciously of course) to fleece him by cruelly deferring the payment of his bills. Why should we make him wait six months or a year for his due? He has rent and taxes, his butcher and baker to pay, as we have, and very frequently his carriage to keep. Is he to eat lint or stethoscopes, or snstain nature by hypodermic injections of morphia, or the external exhibition of collodion? We should pay our doctors promptly, and then we should know what they are charging us for."

The homœopaths of Michigan evidently regard Prof. Jones, Dean of the Homœopathic Faculty of Ann Arbor, as a sort of Achan in their camp. At the recent meeting of their State Society, at Lansing, they accused the dean of some very naughty things and preferred charges against him containing specifications of a grave nature. We are also advised, from private sources, that there is a rod in pickle for Dr. Gilchrist, Professor of Surgery at the same institution. The story of the Kilkenny cats repeats itself.

Prof. Fordyce Barker, M. D., of New York City, whose name is so familiar to the profession of this country, has received the degree of LL. D by the unanimous vote of the Trustees of Columbia College. It is a graceful and well deserved compliment, and it comes with special grace from the fact that the degree was conferred in advance of the commencement, in order to anticipate Dr. Barker's usual summer visit to Europe.

A lady brought a child to old Dr. F. to consult him about its health, Among other things, she inquired if he did not think the springs would be useful. "Certainly, madam," replied the doctor, as he eyed the child, and then took a large pinch of snuff. "I haven't the least hesitation in recommending the springs—and the sooner you apply the remedy the better!" "You really think it would be good for the dear little thing, don't you?" "Upon my word, it's the best remedy I know of." "What springs would you recommend, doctor?" "Any will do madam, where you can get plenty of 'soap and water.'"

There is a Colored Medical College in Nashville, Tenn.; that is, a medical college from which the white man and brother is excluded. Now that we have medical schools exclusively for negroes and women, will some one kindly suggest something else by way of improvement?

The *Burlington Hawkeye* says that a tramp called at a house on West Hill the other day and asked for something to eat. He was so thin, he said, that when he had a pain he couldn't tell whether it was a touch of colic or a back ache.

Among the rarities presented at the March meeting of the London Pathological Society, was a calculus containing indigo. According to the president, Dr. Murchison, it was the first indigo calculus on record.

ACalifornia paper in reporting the late meeting of the State Medical Society of that State, converted Excision of Scapula and head of the humerus into "excision of scrofula and head of a human." This is nearly as good as some of our secular papers sometimes do, as, for instance, "bloody *semen* was found in the brain" of a patient upon whom a *post-*

mortem was had. The doctors found bloody serum in the ventricles.

The *Louisville Medical News* has a cipherer on its staff who starts out with data derived from the high-dilutionist homœopath, and proves that one pound of quinine is sufficient to cure humanity (comprising 1,200,000,000 members) of chills and fever for a hundred centuries to come. He asks whether there is any reason why the cinchona forests and Powers & Weightman too, should not be destroyed.

SELECTIONS.

Catgut Sutures in Cæsarian Section.—Translated by Dr. A. Kaiser, from an article in *Archives de Tocologie et Malades des Femmes*, by Dr. E. W. Jenks, of Detroit.—In my article (referring to the report of a successful case of Cæsarian Section, published in the December number of the same journal), I maintained the idea, that I preferred the gut cord or the silver wire to all other material for uterine sutures, but in the absence of both I would employ silk or even linen thread rather than use none at all; and subsequently I made allusion to substances equally harmless as the gut cord, the silver wire, etc., thus giving preëminence to the gut cord. Since the article has been written, I have changed my opinion with regard to employing the gut cord as a ligature in the peritoneal cavity. Theoretically it is the best material on account of its unhurtful character and prompt absorption, but practically it will continue to be an indifferent suture until some one has discovered a method of keeping it well secured, for the warmth and humidity of the peritoneal cavity relaxes and opens the common surgeon's knot. I have employed it in a case of ovariotomy to tie the vessels, and the post mortem examination has but too well proven the truth of my last assertion. I have likewise used it during the past few months on several occasions in plastic operations in the vicinity of the vagina, and in each case, expecting that it would keep the parts in apposition, the result was nevertheless a complete failure. Now, since the only object of uterine sutures in Cæsarian section is to maintain the incised partition walls in contact, to to prevent liquids from entering into the uterine and peritoneal cavities, such material only should be employed in cases of this kind, as can be invariably relied upon.

I see by an article, written in an English journal by a writer whose name I cannot now recall, that he claims to have invented a way of making a knot with gut cord, which would neither slip nor untie. I have not tried his method, nor am I disposed, on account of my previous experience, to make my first application with it in the abdomen. It would appear that up to the present time we are possessed of nothing superior for uterine sutures to silver wire and silk thread, and of those two the former is probably the best.

As to the little confidence we can have in gut cord for uterine sutures, I would refer you to the transactions of the London Obstetrical Society, vol. xvii, where a case of Cæsarian section is recorded by Dr. Oswald; the operation was made by Dr. Routh, who closed the wounds of the uterus with sutures of the best gut cord, firmly tying the same. The patient lived three days after the operation. The post mortem examination revealed that the knot was relaxed and opened, so that a quantity of liquid escaped into the abdominal cavity, poisoning the patient.

The opinion of Dr. Routh coincides with that of the majority of his colleagues, that had he used sutures of metal or silk, instead of the gut, he could have saved the life of the patient. Dr. Meadows adds, that it was undoubtedly the second case in which death could be attributed to the use of gut cord sutures on the uterus. These are lessons which ought to be largely published. The operation having fallen into discredit on account of the great mortality which follows it, the interests of humanity demand that everything which appertains to the success or failure of the operation, should be communicated to the medical public.

I incline to the opinion, that the operation of gastro-elytrotomy which has twice been successfully performed by my friend, Dr. Skene of Brooklyn, will meet with favor amongst obstetricians, for certainly it appears, at least in theory, to be a procedure much safer than the Cæsarian section. Meanwhile let us wait for the verdict, which time and experience will give on this new method of operation.

White of Eggs in Abrasions of the Feet.—As is well known, the inunction of white of eggs has been recommended in burning of the feet after marching. This is based upon the custom of old French soldiers, of wrapping the feet in cloths well greased, and then breaking an egg in the shoe. The shoe is not taken off for three or four days, and then the foot appears sound and clean. The pure albumen, as well as the whole egg, are useful as preservatives, since they immediately relieve the severe burning, and when the skin has begun to peel off, the albumen forms a cover, which protects the feet from the air and other injurious agents. The albumen

must, however, be well dried in and thickly spread, so that numerous applications are necessary. This remedy is, moreover, applicable in scaling off of the skin on all parts of the body, when the whites are used as the first application, after which a second is made of ricinous-collodion (collodion with 2 per cent. of Ol. Ricini).

There is, according to Dr. Michael, no better remedy for the so-called galling from riding and walking, than a layer of albumen mixed with salicylic acid protected by the very elastic coating of oil-collodion. The albumen must, however, be well laid on and dried, which, in a warm place, and with a heated skin, requires ten minutes time, otherwise the application of the collodion will be painful, and the inflammation increased. In his experiments, the author has often used albumen preserved in a glass from one to five weeks, with a salicylic acid conserve, which is made with an excess of the acid (2 per cent.) and thoroughly shaken. The material remains entirely odorless and retains its glutinous condition, so that after evaporation a thin layer is formed. In this form it is possible to use the albumen in the field. Every trooper can carry a bottle of the "salicylic albumen," with a brush in the cork. The albumen may be applied at every rest. It is probable the remedy will prove valuable upon superficial wounds, ulcers, etc. From reasons before given, the collodion must not be applied until the albumen cover is well laid on and dried. The albumen conserve is cloudy, on account of the organic elements, and the excess of salicylic acid. This cloudiness is, however, no disadvantage, and it is removed by filtration through glasswool. — *Wiener Med. Presse—Clinic.*

Scarlet Fever.—Dr. W. T. Risque, in the *Louisville Medical News:* "A generally received theory of the cause of scarlet fever is that it has its origin in zymotic germs which enter and rapidly multiply in the system. If this theory is correct, may we not discover some antidote to those germs, or may we not use some agent that will at least render the constitution an unhealthy nidus for them, and thus greatly limit their multiplication? Furthermore, may we not commence introducing that antidote as soon as the individual has been exposed to the contagion, and thus gain an even start with the germs and keep their numbers down? I believe we have such an antidote in sulpho-carbolate of soda. The sulphur and carbolic acid are both deleterious to the prosperity of the germ family. Based upon this theory, sulpho-carbolate of soda has been my standard remedy in the treatment of scarlet fever. Not only do I give it to the patient, but to the other children in the family as a prophylactic. I gave it thus to twenty children directly exposed; thirteen escaped the disease entirely, and the seven who had it were so mildly affected that they were not confined to the bed. The first case in a family was always the worst case. I have tested this practice in only eighteen cases, but with results the most satisfactory. But one case died, a child ten months old, who was taken with convulsions and died on the second day.

The epidemic that prevailed here was of a malignant character, producing a great many deaths in Georgetown and Versailles, and the adjacent counties. As a remedy in the disease I give sulpho-carbolate of soda to a child three or four days old—in three or four grain doses—repeated every three hours, continued until the symptoms somewhat mitigate, and then lengthen the intervals to four or five hours. For the throat inflammation, if mild, I give chlorate potash. If the inflammation is severe I give with it gum guaiac.

℞. Sodæ, sulpho-carb.
Potassæ chlor., āā..... ʒ j,
Aquæ puræ,..... ʒ ij.
Sig. Teaspoonful every three hours.

Or, ℞. Sulpho-carb. sodæ,
Potassæ chlor., āā..... ʒ ij,
Guaiac pulv..... ʒ j,
Aquæ puræ,
Glycerinæ, āā..... ʒ ij.
Sig. Teaspoonful every three hours.

Constipation and diarrhœa are remedied if they exist. Milk is given as a drink. It quenches thirst, soothes the throat, and sustains the patient. High ranges of fever can be measurably controlled by a cool room and using but little or in some cases no bed-covering. For swelling of the glands of the neck I used a slice of fat bacon bound on them constantly, and for the itching of the surface greasing with a baconskin. As a prophylactic I give the sulpho-carbolate soda in the previously-mentioned proportion every five or six hours, to be continued as long as the exposure exists. My friend Dr. Galloway tells me that he had used the same remedy in thirty cases of the fever, and has lost none."

The coming Duties of the Accoucheur. —Prof. Gaillard Thomas, in a clinical lecture on a case of neglected prolapsus uteri, makes the following suggestive observations: "The time is not distant when confinement cases will be treated very differently from what they are at the present day. This is a subject of the utmost importance. There is a most urgent need of a radical change in the practice of the majority of the profession, and the time is ripe for a stirring and able paper

on "The Proper Management of Natural Labor," which will awaken medical men to a sense of their duty in obstetrical cases. The physician should be expected and required to visit his patient from time to time all through her pregnancy, in order to see that everything is progressing favorably for a successful delivery, and to remove, if possible, any condition (as albuminuria, for instance) which is likely to interfere with this; and I am fully persuaded that it will not be long before the accoucheur who does not do this, will be held culpable. Again, he will be held equally culpable if he discharges his patient at the end of the ninth day, or at the end of a fortnight, without making a physical examination, to ascertain that the parts have sustained no injury from the strain and pressure of parturition, and that the process of restoration to the normal condition is progressing satisfactorily. A little attention paid at that time will often prevent the most serious consequences in the future. If the physician had made such an examination in this case, and had found the cervix lacerated, he might have waited a month, and then, ascertaining that trouble was resulting from it, he should have sewn it up and restored the perineal body which had given way. All this could have been done in the second month after delivery, and it would certainly have been a great deal better to do it than to wait thirteen years before undertaking the operation. It is true that this woman has suffered comparatively little pain and inconvenience in consequence of the neglect of her physician, but this is a very rare exception to the general rule; and, as I said before, the time is not far distant when the medical man will be held responsible for allowing such a condition to continue without interference to prevent the evil results so sure to follow from it."

Intravenous Injection of Cow's Milk.—The transfusion of cow's milk, first performed with favorable results by the late Dr. Hodder of Toronto, but which subsequently fell into disrepute, has lately been revived by Dr. T. Gaillard Thomas, of New York, as a substitute for the transfusion of blood. His experience with it leads him to the following conclusions:

1. Injection of milk into the circulation in place of blood is a perfectly feasible, safe and legitimate operation.

2. None but healthy milk, drawn from the udder of the cow within a few minutes of its introduction into the circulation, should be employed. It should be tested by litmus paper, and if found to be acid, should be made alkaline by the addition of carbonate of soda.

3. A glass funnel, with a rubber tube and a suitable pipe attached, was much better and safer than a more elaborate apparatus.

4. Intra-venous injection of milk was an infinitely easier operation to perform than the transfusion of blood.

5. Intra-venous injection of milk, like that of blood, was commonly followed by a chill and rapid rise in temperature, but these symptoms soon subsided and were replaced by a great improvement in the general condition of the patient.

6. He would not limit lacteal injections to cases in which profuse and exhausting hemorrhage had occurred, but recommends their use in certain cases of typhoid fever, pneumonia, cholera, etc.

Hypodermic Injections of Camphor in Insomnia.—N. E. Wittich, assistant physician to the Lunatic Asylum in Heppenheim, near Tübingen, reports (*Berlin. Klin. Wochenschrift*, No. 11, 1878) success in the treatment of the insomnia of female lunatics, by camphor. He gives from 1½ to 3 grains in wafers by the mouth. He has also employed hypodermically a solution of 1 part camphor in 10 parts of oil of sweet almonds with even better results. W. does not state how much of this solution he injects, but the quantity is probably the same as that used internally. He asserts that no irritation or inflammation follows this procedure, even after repeated injections. He recommends that the needle used be rather large.—*Hospital Gazette.*

Strapping in Pleurisy.—Strapping the affected side in acute pleurisy, has after a trial in Philadelphia, been long since adopted there as a regular practice. It seems unaccountable that it should not have been noticed in the text books, since it is, as Dr. Gleason avers, a valuable means of treatment, affording marked relief to the patient and evidently conducing to early convalescence. It was first employed, twelve years since, by Prof. Biddle, of Jefferson Medical College, in a case of empyema, giving great relief, and for nearly six years he has largely and advantageously used it in all stages of pleurisy. He has mentioned the practice with approval in the last three editions of his Materia Medica. In severe cases he carries the adhesive straps completely around the thorax, so as to control the movements of the walls of the chest, and compel the patient to carry on respiration by the diaphragm and abdominal muscles. The strapping is not meant to exclude any other means of treatment, but merely to serve as an adjunct.—*Boston Med. and Surg. Journal*, Feb. 28.

LIGATING THE PENIS FOR INCONTINENCE OF URINE.—Mr. Edward Huxley writes to the *Lancet*:—Some years since I met with a suggestion of employing a light ligature on the penis for the above troublesome complaint, and I have since tried the remedy with considerable success; but I employ a piece of elastic web, such as I use for light spiral stockings. It is employed in the form of a figure of 8 bandage, and fastened with a small hook and eye. A few weeks since I was applied to by a young medical student going in for his first "prelim." He had had the first advice, and had taken belladonna and the usual remedies without the least benefit. I advised him instead of using a urinal, which he wished to procure, to adopt the ligature; and he writes me under date of March 8th: "As it is now a week since I called on you, I think I have had time to judge of the use of the elastic band. It has answered extremely well, and I myself think it much better than a urinal. Since I have worn it I have not passed any water at all at night. It causes me no pain whatever, and I believe by wearing it looser, gradually, it will prove an eventual cure.—*Medical and Surgical Reporter.*

TREATMENT OF PHTHISIS.—Trentler (*Berliner Klinische Wochenschrift*) subjected a consumptives to the action of artificially rarified air. Some of these had hæmoptysis, catarrh of apices, tubercles, etc. After eight days' trial of these means sleep and appetite returned, muscular strength was increased, nocturnal sweats became less frequent, and diarrhœa stopped. Decrease in temperature, pulse and respiration took place only in the cases which recovered.

Dr. McCall Anderson, in his recently published Clinical Lectures, considers phthisis a curable disease. He records several cases which were treated with feeding, every half hour, stimulants, and a pill containing quinine, digitalis and opium every four hours. Hypodermic injections of $\frac{1}{100}$ of a grain of sulphate of atropia, he says, controlled the sweating; subsequently, codliver oil was administered. Of one serious case treated in this way, the author says he was discharged as healthy a lad "as one could wish to see." Several other cases recovered. The author himself admits that, owing to the fact of recovery, there is no ocular proof that the disease in question was acute phthisis; but he does not hesitate to say that, whatever the disease was, the treatment "cured it."

THE TREATMENT OF ULCERS.—According to Dr. Mandelbaum, of Odessa (*Berl. Klin. Woch.*, No. 10, 1878) all ulcers of the leg and elsewhere, whatever their character, age and extent, can be cured by the following method: If they are very deep, with much loss of tissue and with undermined, uneven, cullous edges, they are first to be scraped away until healthy tissue is reached, with the modification of Volkmann's spoon as suggested by Hebra; they are then to be covered for several days with a thick layer of iodoform until fresh granulations spring up (as they are certain to do), and until the base of the ulcer has reached the level of the surrounding skin. When this point in the healing process is reached, the ulcer is to be strapped daily with equal parts of mercurial and soap plaster of rather soft consistence, and carefully and evenly applied. Shallow ulcers which are only covered with a thick layer of pus, require no preliminary scraping and can be at once treated with iodoform, and later on strapped as above described.—*Medical Times and Gazette*, April 6, 1878.

FORMULARY.

GRISOLLES PILLS FOR INCONTINENCE OF URINE.

℞. Ext. Nucis Vom. Alc.....0.25 gm. (grs. jv.)
Ferri Phosphatis.....3.00 " (grs. xlvj.)
Ext. Quassiæ.....2.00 " (grs. xxxj.)
Rad. Gentianæ, q. s.
Mix. Ft. Pil. No. xxv.
Sig. One pill 3 times a day in conjunction with cold hop bath, and abstention from drink during the evening.—(*New Remedies.*)

COD LIVER OIL WITH HYPOSULPHITES AND WHISKEY.

Ol. Morrhuæ..... ℥ jv.
Pulv. Acaciæ..... ℥ ij.
Spr. Pruni. Virg ..... ℥ ij.
Spts. Frumenti..... ℥ jss.
Calcii Hypophos.
Sodii " āā. ..... ʒ j.
Ol. Gaultheriæ..... ♏ xxjv.
Ol. Amygd. Amar..... ♏ x.
Aquæ, q. s., ad..... ℥ xij.

Dissolve the hypophosphites in the water. Rub the powdered gum arabic with a little of the water to a paste, then add a small quantity of the cod liver oil, and triturate thoroughly. Again add a little of the water, and then some of the oil, alternately, under constant trituration, until they are thoroughly emulsionized. Dissolve the essential oils in the whiskey. Mix this with the syrup and incorporate the latter with the emulsion first formed.

FOR AMENORRHŒA.—Due to an insufficient fluxion to the genital organs, or to a failure of evacuation in consequence of inertia of the uterus:

℞. Pulv. Rutæ.
Pulv. Sabinæ.
Pulv. Ergotæ, āā.....gr. j.
Pulv. Aloes.....gr. ½.
Mix. Make into one pill. Three such pills are given on the first day, six on the second, and nine on the third.

FOR ACUTE LARYNGITIS.

℞. Vini Antimonii..... ʒ ss.
Vini Ipecac..... ♏ x.
Potassii Acetatis..... ℈ j.
Spts. Ætheris Nitrosi..... ʒ j.
Potassii Nitratis ..... ℈ ss.
Mix.
Sig. To be given every four hours.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, JUNE 24, 1878. No. 11

EDITORIAL.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

In many of the essentials which go to constitute a successful meeting, that of the American Medical Association at Buffalo, on the 4th inst., was not wanting. On the whole, the last gathering may be set down as having been very good. In point of numbers it compared favorably with its predecessors; the various sections, with the single exception of that on Medical Jurisprudence, Chemistry and Psychology, were well attended, and elicited no rdin ary degree of interest. As a social gathering the meeting was a pronounced success. The Buffalonians left not a thing to be desired on that score, and among the doctors themselves there seemed to be an all-pervading spirit of right good-fellowship.

We shall not enter into any dissertation on the merits of the meeting from a scientific standpoint, neither indeed is this necessary, because we have never regarded this annual gathering from the North and the South and the East and the West of the American doctors, as having as its highest or best object the advancement of science *per se*. While the papers read at the late meeting were all interesting, it would be doing more than courtesy could demand, to pronounce them all as characterized by profound originality. With very rare exceptions they were, in fact, only admirable compilations.

The address of the President, Dr. Richardson, of New Orleans, was a very pleasant and withal, thoughtful paper, and dealt chiefly with the question of medical education, while at the same time it contained some suggestions which might be considered to the improvement of the present working of the Association.

We have not space to devote to a report of the whole proceedings, and can only touch on such points as more particularly interest Michigan men.

Dr. E. W. Jenks was chairman of the section on Obstetrics, and Gynæcology—which section by the way was the most numerously attended of any. The number, variety and general excellence of the papers presented before it, showed that their presentation was not mere haphazard. Had the tact, displayed by Dr. Jenks in this important matter of securing the proper variety of papers for his section, been emulated by the other chairmen, a very marked improvement in their sections would have been the result. His address, as chairman of this section, was read before the general session, and was referred to the section for discussion. It treated of the "Causes of Sudden Death in Puerperal Women." While it contained a reference to no such cause which is probably not generally known, it nevertheless presented in an admirable and readable form statements of facts which exist only as scattered throughout literature of the day which is not accessible to the general reader The paper will therefore prove a valuable contribution to the published Transactions of the Association.

In the section on surgery Dr. Theo. A. McGraw read a paper on the "Causation, Pathology and Treatment of Cancer." It is to be regretted that the papers before this section were so numerous as to preclude the possibility of the discussion of many, among which Dr. McGraw's paper was numbered. There were points in this paper, a discussion of which by such a gathering of surgeons, could not fail to have been of peculiar profit, as for instance, the radical treatment it recommended. It regarded constitutional infection as secondary to the local lesion, and as a corollary from this view, advised the extirpation of all growths not unmistakeably benign in their character. In cases of doubtful appearance delay is dangerous, for while waiting for more pathognomic signs, mischief irretrievable is apt to set in. Had the writer of the paper dealt less on the discussion of

the pathology, he would have had more time for the elaboration of some points which were necessarily put somewhat dogmatically, and his paper would have been correspondingly improved. The paper was, however, a good one, and did its author credit.

The above two papers were all that were contributed by Michigan, although Dr. H. F. Lyster, of this city, had one in readiness, and would have presented it, had an opportunity offered.

In the discussions before some of the sections, members of the Michigan delegation bore conspicuous parts. Dr. E. S. Dunster, in the section on Obstetrics and Gynæcology, made pointed comments on a number of the papers presented, and although he had no paper himself, his remarks will make valuable reading in the published Transactions. Dr. Donald Maclean attended the section of Surgery, and participated in the discussions there. Dr. G. E. Frothingham devoted his time principally to the section on Practice and Materia Medica, and made timely criticisms. These were especially valuable in exposing the fallacy of a plan of galvanizing the pneumogastric and sympathetic, advocated by the author of a paper presented to the section. Dr. A. B. Palmer, during his short stay, attended also the section on Practice, etc.

In the discussions before the general session Dr. Wm. Brodie bore as usual a conspicuous part. In the discussion following the introduction of a motion to appoint a committee to confer with Gen. Meyer of the U. S. Signal Service in reference to securing systematic observations on ozone, Dr. C. Henri Leonard, of this city, took a part. Dr. Hitchcock, of Kalamazoo, offered an amendment, proposing a change in the present method of electing officers. Under the rules this was laid on the table for a year.

Dr. Foster Pratt, of Kalamazoo, presented resolutions declaring it to be the sense of the Association that personal restraint of the insane is an essential element in the treatment of their disease, and "that so far as it is the natural or moral duty of relatives and friends, it is also their natural and inherent right, whether declared or undeclared by statute, to restrain and to care for their sick or insane relative as a private patient, at his or their expense, in his or their home or in a legally recognized and regulated hospital; and

That their duty and right, in this respect, are subject to state surveillance or legal regulation only so far as may be necessary to prevent the neglect of the duty or to punish the abuse of the right."

These resolutions were referred to the section on Medical Jurisprudence, where they were discussed and referred back to the Association with a resolution recommending their adoption, which resolution was unanimously adopted.

Dr. Pratt was also elected a member of the Judicial Council.

The Judicial Council, through its chairman, Dr. N. S. Davis, of Chicago, reported, in effect, on the charges preferred against the Michigan State Medical Society for its sending as a delegate to the Association of Dr. E. S. Dunster, who was engaged in "aiding and abetting the graduation of parties proposing to practice irregular medicine," that Dr. Dunster had violated no existing clause in the Code of Ethics, and that consequently the charges against the Michigan State Medical Society fall to the ground.

With a view to meeting the case of the homœopathic arrangement at Ann Arbor, the members of Judicial Council were appointed a committee to present a clause for incorporation in the Code, making it unethical for the regular faculty to continue in its present relations to homœopathy, and the Committee accordingly reported the following:

"And hence, it is considered derogatory to the interests of the public, and the honor of the profession, for any physician or teacher to aid, in any way the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

This was, under rules, laid on the table for a year. We bespeak for this proposed amendment the general condemnation of the profession, and shall at some future time expose its inconsistency with the professions of liberality and humanity with which the Code of Ethics is saturated.

The officers elect for the current year:

President—Theophilus Parvin, M. D., of Indiana.

Vice President—A. J. Fuller, M. D., of Maine; W. F. Westmoreland, M. D., of Georgia; John Morris, M. D., of Maryland; John H. Murphy, M. D., of Minnesota.

Treasurer—Richard Dunglison, M. D., of Pennsylvania.

Librarian—Wm. Lee, M. D., of District of Columbia.

Committee on Library—John Eliot, M. D., of District of Columbia.

Next place of meeting—Atlanta, Georgia.

Time of meeting—The first Tuesday in May, 1879.

Could we be assured that the Presidency would always fall on such a worthy recipient of the honor as is Dr. Theophilus Parvin, we should withdraw our opposition to the present method of election. J. J. M.

AMERICAN EDITORS.

The regular annual meeting of the above Association was held in the parlor of the Tifft House on the evening of Monday the 3d inst. A goodly number of the medical journals of the country were represented.

The principal business of the meeting was the reading and discussion of the address of the retiring president, Dr. John P. Gray, Editor of the *American Journal of Insanity*. The subject of the address was "An Abstract of the law of New York State in reference to the committment of the insane to asylums, their detention and discharge, compared with the statutory provisions of England." As far as we are capable of judging, the paper was an able one of its kind, but we are at a loss to discover wherein a subject of this nature is in the least germane to the supposed object of the meetings of the editors of medical journals. We had expected to listen to an address from the distinguished president, from which might be gleaned some hints which might be of service to editors of medical journals as such. For a paper similar to that read, we shauld have sought the section on State Medicine or on Medical Jurisprudence. The following were the officers elected for the current year.

President, Dr. Wm. Brodie, of the *Michigan Medical News.*

Vice-President, Dr. J. A. Miner, of the *Buffalo Medical Journal.*

Secretary, Dr. F. H. Davis, of the *Chicago Medical Journal and Examiner.*

While congratulating our colleague on the honorable position to which he has been chosen, we think we can with safety promise those of the fraternity who may be present at the meeting next year, something which will be akin to the occasion of their assembling. J. J. M.

THE RESURRECTIONISTS.

The recent unfortunate occurrences at Cincinnati and Ann Arbor—the finding in the building of the Medical College of Ohio of the body of the late Hon. J. Scott Harrison, and in the Medical Department of the University of Michigan, of the remains of Augustus Devin, both of North Bend, Ohio, have created much excusable excitement among the people. It is a hallowed feeling which one has for the earthly remains of him or her, who during life was the dear friend, or the loving relative. No stoic reasoning can divest the human heart of such feeling, and it will be a sad day for humanity when the form that embodied love and affection is held as nothing more than a worthless piece of inanimate matter. There is an emotional element in human nature which cannot be eradicated, and at the same time not injure the man. While we as physicians, therefore, insist on a proper and sufficient supply of material for the dissectiong rooms of our college, we at the same time, as men, demand that this supply shall be secured in a manner least likely to violate the most sacred of human feelings.

It devolves on the Demonstrators of Anatomy at our colleges, to exercise reasonable, and even vigilant care, that the bodies sent them for anatomical purposes shall be of those who have no friends or relatives whose feelings would suffer violence by the knowledge that they are beneath the dissector's knife. It is not necessary that the graves of prominent citizens should be desecrated, and when this is done it is a great social outrage. We know the class of men that college authorities are obliged sometimes to deal with in securing a sufficient supply of material Unfortunately, they are frequently men very low in both the moral and social scale, and are governed by no consideration for the

feelings of others. It is of course impossible, because utterly impracticable, to keep a strict surveillance over these men, and demonstrators of anatomy having charge of these matters for their respective colleges, are thus extremely liable to be imposed upon. This much, however, the public and the profession, too, for that matter, have a right to demand, and that is, that when search is made of any college by properly constituted authority, not only shall no obstacles be thrown in the way of such search, but also every facility should be afforded to make it complete and effective. And this brings us to the newspaper rumors of the doings of the demonstrator of anatomy at Ann Arbor, Dr. Will J. Herdman

Janitor Negele has been accused of obstructing the search for the body of Devins, and of refusing to deliver to the friends the remains, until certain charges for injecting, etc., had been paid, and Negele claimed to act under instructions from Dr. Herdman.

The interests of the University, and its reputation, not only in the community, but in the whole country, demand that this phase of the unfortunate matter be thoroughly investigated by the regents, and that the mischivous rumors which the secular press is circulating, be either confirmed, and the guilty parties dealt with accordingly, or the charges made be thoroughly and beyond equivocation disproved. The good of the University is of more concern than the feelings of any individual or set of individuals.

We, ourselves, know Dr. Herdman too well to give credence without sufficient proof to any of the above rumors, and have no doubt that he will court investigation into his conduct in the matter. J. J. M.

A FAIRMINDED (?) JOURNALIST.

In its report of the late meeting of the State Medical Society, the *Detroit Lancet* gives an exhibition of honor, which, while it reflects even credit on the writer of the report will be regarded by honorable men as a piece of exceeding unfairness. While ostensibly prepared by another, the hand of the big "I" grammatist is too apparent, and him we hold responsible. The exhibition we refer to occurs in connection with that portion of the report which relates to the action of the society in referring the case of Dr. Hawxhurst to the committee on membership. The motion to so refer was carried by a vote of 28 to 22, whereat the honorable (?) reporter remarks that "the University party had to acknowledge *their* defeat." It is difficult for some minds to view a question independently of their prejudices. The little minds of bigots find it utterly impossible to do so. The immediate question of Dr. Hawxhurst's admission was one in which the "University party" as such, had no interest, and in fact members of this party held different views on it. The only principle it involved was whether or not the Secretary exceeded his power in refusing to receive a member's dues, and to allow him to sign the constitution, and thus to complete his membership, a year after his election.

Later on in its report the *Lancet* gives the vote on the resolution to so amend the constitution as to exclude graduates of the University from membership, as "yeas" 40, and "nays" "50." (The *true* vote on this resolution was "yeas" 42 and "nays" 62.) Here was a party question, and the vote was a purely party vote, and it showed that the "University party" comprised a very respectable majority of the society. Why does the honorable (?) reporter of the *Lancet* not state after his announcement of this vote that "the *anti*-University party had to acknowledge *their* defeat"? The reason is found in that narrow minded bigotry (to use a mild term) which has ever been his one distinguishing characteristic.

Further on in the *Lancet* the grammatist, acting now in editorial capacity, revives the question of the connection of the Detroit Medical College with the persistent and malignant, but finally unsuccessful, attempt to taboo the University. We had hoped that that question, together with all other acrimonious questions growing out of the past three years' fight, was forever buried. We have no disposition to review the testimony which might be adduced *pro* and *con*, bearing on the complicity of the Detroit College. We are glad that it has in this semi-official way made an effort to purge itself of the suspicion which

certainly at one time attached to it. The disclaimer, however, we must say, would not have had its value in the least impaired, had it come before, instead of after, the late signal defeat. But now that it has come, it comes very appropriately through a personage who has made himself so conspicuous for his veracity. This is in beautiful accordance with the eternal fitness of things. *Veritatis simplex oratio est.* J. J. M.

The following have remitted since our last issue, June 10th:

Michigan.
J. B. Sullivan, J. E. McTaggert, John Harris, A. F. Hagadorn, John D. Follmer, W. L. Wells, E. Lichty, A. J. Wiggins.
Pennsylvania.—J. M. Harding, H. S. Hibbard, G. T. Jawby.
Iowa—G. G. Young, H. A. Eberle, B. H. Reynolds.
Kansas—S. A. Newhall, D. Scott.
Arkansas—John Alexander, James A. Loomis.
Wisconsin.—Charles Alexander, G. E. Robertson.
Kentucky—W. T. & T. P. Polk, C. E. Proctor.
Massachusetts—George P. Cogswell, Ralph C. Huse, O. H. Lamb.
Vermont—J. P. Newton, O. L. Watson, Thos. E. Wakefield.
Colorado—W. H. Buchtel.
Ohio—F. C. Estabrook, R. H. Harbeson.
Indiana—J. C. Church.
Connecticut—Daniel Bodfield.
Rhode Island—J. S. Howard, Thos. G. Potter.
England—J. H. Blunt & Son.

ORIGINAL ARTICLES.

SURGICAL CLINIQUE—UNIVERSITY OF MICHIGAN.

THE ACTUAL CAUTERY IN PERIOSTITIS—WITH A CASE.

To the Editor Michigan Medical News :

The following case reported by my clinical assistants (Drs. G. W. Allyn and R. W. Corwin) I regard as one of the most interesting and instructive that has occurred here during the session now drawing to close, and therefore I send it to you for publication.

I am fully aware that in this age of little pills and high dilutions, and much humbug, it requires no little moral courage for a surgeon to propose to a patient the use of a remedy which is *apparently* so heroic as the "red hot iron."

The case here reported is but one of several that I have had very recently, all of which go to prove that in failing to propose and to apply this remedy in a suitable case, we are as derelict to our patient as we would be in failing to give a rational antiperiodic dose of quinine in a well-marked case of fever and ague. Moreover, this case (and the others) go to prove also that this method of treatment is not *really severe* when properly applied, and that one experience of it is sufficient to dissipate effectually the most nervous patient's prejudices against it.

I am, etc.

DONALD MACLEAN.

Miss N. W.—Resides at Muskegon, Michigan. Age 23. Examined February 20, 1878. Childhood was not healthy. Twelve years ago had a severe pain in right hip, which in six months was lanced. Much pus was discharged from the opening thus made, as well as from four other openings, for a period of three years. The last one was near the upper part of the sacrum. For two years she was confined to her bed, and for two years more she had to go upon crutches. The joint was stiffened by contractions of the muscles of the hip. For nine years patient enjoyed good health. Six weeks previous to admission, severe pain appeared just above the brim of the pelvis on the abdominal side of the body. It was always severe but more so at night. Patient came here under the impression that she had hip joint disease, and many of her symptoms pointed in that direction. Careful and repeated examinations determined that the disease was altogether extra articular, and that it was periostitis of the trochanteric portion of the femur, also of the pubic and illiac portions of the os innominatum; in short, re-awakening of the former disease was apprehended.

The patient was suffering intensely, and could only be relieved by large hypodermic injections of morphia. Iodide of potassium was prescribed in ten grain doses three times a day, and fly blisters were applied locally on Feb. 23.

Feb. 28th. Pain relieved and feeling better generally. Can't tolerate the iodide.

March 8th. For several nights past all the distressing symptoms have been present, and have been worse than ever, so that morphia (in $\frac{5}{8}$ gr. doses) has been used hypodermically, combined with large doses of chloral hydrate internally, and chloroform by inhalation.

March 16th. The swelling has distinctly increased in the neighborhood of Poupart's ligament and at the trochanter major. At these points the skin is tense and adherent to the deep tissues, and the pain absolutely intolerable. To-day the actual cautery was applied over the points referred to, but not so freely or thoroughly as was desired, because Paquelin's thermo-cautery was the instrument used, and one of the valves happened to get out of order before the operation was completed.

March 30th. Condition of the patient much improved since the application of actual cautery, until two days ago, when the pain again began in region of the head of the femur. Patient's statement: "Did not sleep well last night. The last treatment, I know, has done the best of anything that I have

had done yet. It arrested the pain and took down the swelling, and I want this treatment repeated if the pain again becomes severe."

Prof. Maclean stated to the class that he would do nothing to-day but would apply actual cautery if the pain became worse.

April 2d, 3 P. M. Pain steadily increasing. Gave chloroform and applied actual cautery.

April 3d. No pain; little smarting from the burn. Feels sick yet from the effects of the chloroform.

April 6th. Free from pain and feels well otherwise. "Could walk without my crutches if permitted."

April 7th. Very well. No pain.

April 8th. Better, if that were possible.

April 9th. Some pain; did not sleep well last night. Took morphia as prescribed by the house surgeon.

April 10th. Pain during the early part of the evening. Slept well. Pain confined to outer part of hip (trochanter), where there is also some swelling.

April 12th. Morphia. Pain and swelling in outer part of hip increasing.

April 13th. Morph. $\frac{1}{4}$ gr. Slept well.

April 15th. No pain; slept well all night without morphia.

April 16th. No pain; slept soundly; swelling disappearing.

April 17th. No pain; swelling disappearing rapidly. "Slept almost too well."

April 20th. "Could not feel better."

April 24th. No change.

April 27th. Steadily improving.

May 1st. Improving. Visited Museum and walked considerably, and feels no bad effects from the exercise.

May 4th at Clinic. Walked into the amphitheatre without any kind of assistance. Feels perfectly well. *Discharged cured.* Recommended to return at once or employ some physician who will unhesitatingly apply the actual cautery treatment if at any time the pain should return.

May 6th. Started for home with crutches strapped on her trunk.

May 29th. The following letter received:

"Muskegon, Mich., May 28, 1878.

Prof. Maclean, Ann Arbor, Mich.

Dear Sir:—The very surprising and satisfactory result of my treatment under your care claims greater recognition than lies in my power to give. Since leaving the hospital my evident improvement has not in the least diminished,—I am, indeed, *well*, and with my health increases my gratitude. I have not felt the least recurrence of the old pain. . . . . Signed N. W.

IDIOSYNCRATIC ACTION OF QUININE.

By Dr. F. M. Calkins.

In the News, May 25th, appeared an article in regard to an idiosyncrasy in the action of quinine. I have noticed a similar action of this drug on the skin. Cinchonidiæ sulph. has also acted in this way in my practice. Some months ago I had occasion to prescribe fifteen grains of quinine in four divided doses, and during the same day was sent for again to see the patient, whom I found sitting up, free of fever, but with the entire body covered with a rash almost identical with that of scarlatina, and the patient complaining of an intolerable itching. During the night the rash disappeared and I saw no more of it until a few days ago, when the same patient had an ague for which I prescribed sulph. cinchonidiæ in five grain doses, combined with about two grains of Dover's powder. Upon taking the second powder the lady discovered the same rash appearing as that which had followed the administration of quinine, and I was obliged to substitute in its place Fowler's sol. of arsenic.

Allegan, Mich.

[Note.—Is it not possible that the "scarlatini-form eruptions," recently reported as occurring in the ague of children, may arise from the quinine administered in these cases, and not from any peculiarity in the disease *per se?* Ed.]

MISCELLANY.

Ammonio-Citrate of Iron hypodermically.—Dr. Da Costa, who recently reported favorable results from the hypodermic injection of dialyzed iron in a case of chlorosis, has commenced to incline to the abandonment of this mode of administering this article owing to the uncertainty of its composition. He has found that even the manufacture of the same maker differs so much that while the injection taken from one bottle may cause no local trouble, an injection from another is followed by severe local disturbance. He has even had serious irritation from injections taken from the same bottle which he had for a few days previously been using with excellent results, showing that even of the same bottle one-half may be bland and the other become irritating. He has lately been experimenting with the ammonio-citrate of iron with uniform excellent results so far. He employs from two and a half to five grains dissolved in fifteen minims of distilled water. No apparent immediate effects save an instantaneous nausea has been noticed, but as the injection of plain water has the same effect, it would be unfair to attribute the cause to the iron. The nausea, however, quickly subsides.

UNION MEDICAL SOCIETY OF WAYNE, WASHTENAW AND OAKLAND COUNTIES.—The Society met at Holly on the 6th inst. President, Alexander D. Hagadorn, in the chair. Dr. Nathan C. Hall read an essay on the etiology, cause, complications and treatment of scarlatina, after which Dr. D. W. C. Wade added some interesting remarks in regard to the *antiseptic* treatment of the disease. He claimed that we have no septicide that can safely be introduced into the system in large enough quantity to destroy bacteria or the germs of scarlatina. He had by experiment demonstrated that left to themselves these germs may live for several days or even a week. Dr. Hagadorn presented a young lady who had caries of the superior maxillary. History as follows: Four years ago fell upon the ice, striking upon her face, and for three years after the fall her front teeth were rather sensitive on biting any thing hard. One year ago she found her jaw was diseased, and had her incisor teeth extracted by way of treatment. This, however, proved to be simply palliative. At present a probe can be introduced in the median line, and passed upwards and backwards to the right or left about one inch and a quarter; the disease extending to the malar bone, and possibly to the antrum. An operation for the removal of the diseased bone was considered to be the only treatment which could be recommended.

Dr. Felshaw presented himself for examination and advice from the society. He had had eczema for about ten years. The committee to whom his case was referred recommended him to use the glycerole of subacetate of lead. Dr. Wade spoke of the glycerole of sub-nitrate of bismuth as having been very useful in his hands. He had also found the oleate of zinc of service.

W. J. KENDRICK, Secretary.

NATURAL INEQUALITY OF LIMBS.—We gave in our 4th number the result of a series of measurements by Dr. Jarvis S. Wight of New York, the same demonstrating that there exists a normal difference in the lengths of the lower limbs of the same person. We hinted also, at the important bearing which this discovery would necessarily have on suits for malpractice. The first application which it has had was in a recent case in Perry County, Pennsylvania. A physician was sued for damages because of alleged malpraxis in a case of fracture which showed five-eighths of an inch shortening after recovery. The defense produced witnesses who testified to a frequent normal want of symmetry. Drs. Agnew and Hunt, of Philadelphia, testified that they had detected this difference in many cases. They had chanced to measure the limbs of a brother of the plaintiff and found in these a difference of three-eighths of an inch. The plaintiff was promptly non-suited. When once the outcome of such trials as this becomes known, surgeons will enjoy an immunity from prosecution to which they were before strangers. Dr. Wight is a benefactor to a long suffering profession.

ANTISEPTIC CHAMBERS.—Mr. W. Thompson, F. R. S., of Manchester, England, proposes the construction of chambers for surgical purposes, the air in which shall be only such as has been filtered through layers of cotton wool. The idea has merit, and Mr. Thompson's experiments lead him to believe that his plan is feasible.

THE LIVER.—H. M. Tuckwell, of Oxford, writes as follows to the *London Lancet*: The inclosed lines were written feelingly by a patient who suffered for some years from hepatic disease. Perhaps they may serve to amuse the readers of the *Lancet*.

DE JECORE SUO POETA QUERITUR.

Liver, liver, little liver,
Once so light upon my chest;
Then I needed not to question
Wherefore comes this indigestion,
Like a night-mare's nest.

Liver, liver, swelling liver,
Secret source of many an ill,
Naught can still thy sad commotion,
Blister, lotion, poultice, potion,
No, nor Cockle's pill.

Liver, liver, swollen liver—
So the chain'd Prometheus felt
When the bird of evil omen,
Fattening on his fat abdomen,
Peck'd beneath his belt.

Liver, liver, who'll deliver
When the surging bile boils o'er?
Doctors order (and its very
Hard) that port, champagne, and sherry
May refresh and make me merry
Never, never more?

MORTALITY RATE AMONG PHYSICIANS.—The following taken from the report of a meeting of the Boston Society for Medical Observation, tends to show that physicians are a somewhat longer lived class than they have been generally supposed to be. Dr. F. W. Draper showed a chart to the society which he had drawn up from recent investigations made by him, representing the mortality rate among physicians. His attention had been called to this subject by an obituary notice of Dr. Crosby by the late Dr. Peaslee, in which the writer mentioned the age of

forty-two as an especially fatal one among physicians. Dr. Draper arrived at the following results: "Of six hundred and sixty-seven deaths of members of the Massachusetts Medical Society, during the last twenty-five years, the earliest occurred at the age of twenty-one, and the latest at ninety-five, the average age at death being 58.84 years. The greatest number died at the age of seventy-two, the next largest number at sixty-nine. Among twelve hundred and sixty deaths recorded in the registration reports for Massachusetts for the past thirty-four years, the average age at death was 53.27 years.

Dr. Fisher said that he had recently made similar investigations, taking the mortality rate of all the deaths in the Massachusetts Medical Society since its foundation, eight hundred and fifty in number, and had found the average age at death to be 58.55."

In the report on Necrology, by Dr. Toner, at the late meeting of the American Medical Association, the average age at death of fifty-one, whose ages are given, was 59.30 years.

PARAGRAPHS.

"Mitchigan," "Mich-eé-gan" and "Michigán" were some of the pronunciations and accentuations which "split the ears of the groundlings" from this *peninsulam amœnam* at the late Buffalo meeting. Ye gods! What did we ever do that we should be treated thus!

A sip of vinegar which has been sweetened with honey, taken immediately before a dose of cod liver oil is said to efficiently mask the taste of the oil.

The following is given by Dr. Tracy in the *Popular Science Monthly*, for the benefit of any who, through either accident or design, find themselves in water beyond the reach of succor: As soon as the head goes beneath the water take a full inspiration. Immediate unconsciousness is said to result, with a delicious feeling of sinking to rest on downiest couch, and most delightful dreams. No directions are given how to screw ones courage up to the taking of the necessary deep inspiration aforesaid.

Dr. Oertmann suggests a "new method" for determining the temperature of patients, namely, to have the urine directed in a strong current against the bulb of a thermometer. Seven seconds of this procedure will suffice. "This method," says the *Boston Medical and Surgical Journal*," was proposed by the late Professor Dickson, of Philadelphia, ten years ago."

According to published reports of cases Michigan leads the world in the success of her surgeons as ovariotomists. Until recently we had innocently supposed that every operation was reported, but we have found out that a certain surgeon has been very derelict lately. Had either of his two cases within the last few months recovered, we should probably have had reports of them. In the present status of this operation justice demands that all cases operated on, be reported.

Some one has cruelly said that the woman who practices medicine commits two faults: she increases the number of doctors, and diminishes the number of women.

Oxalate of cerium, taken in five grain doses, is said to have a soothing influence on the lungs, and to relieve cough; a single dose sometimes being sufficient for twenty-four hours.

A Western paper reports a man as being dangerously wounded—"shot twice in the abdomen and once in the barber shop adjacent."

And now comes the *Ohio Medical Recorder* with a claim, and it is almost ready to swear to it, to having the largest circulation of any medical journal published outside of New York or Philadelphia. We are not prepared, just yet, to call for proofs, but towards the close of the year the *Recorder* will as a "fair minded journal" be satisfied to stand just next to us in this important matter of circulation. But then the *Recorder* is a good journal and it deserves as large a circulation as any—the NEWS always excepted.

Another "long felt want" just supplied. This time it is the *Illinois Medical Recorder*. It is started as the organ of the District Medical Society of Illinois, which found that the sweetness of many valuable papers read before it was being wasted on the desert air. The *Recorder* will in future contain such papers. It is, withal, a natty little journal, and deserves not only the liberal support of the society whose organ it is, but also enough extraneous support to make it live long and prosper. Monthly, 28 pages, $1.50.

Dr. Brinton of the *Medical and Surgical Reporter* announces that he will have ready in September a work, which is now in press, by Prof. Wm. Goodell, to be entitled "Lessons in Clinical Gynecology." The author's reputation both as a master of pure English and a teacher, will create a demand for the work.

An honest toothache is the noblest work of the devil.

Dr. Eugene Smith is out with a "First Annual Report" of the Eye and Ear Department of St. Mary's Hospital, and Free Eye and Ear Infirmary. It shows that he has treated 435 patients, and has operated in 129 cases. The success of his treatment is, however, only conjectural, for on this subject the report is dumb. While some who have been able to pay, have, through ignorance or design, availed themselves of the charity, the rule has been to treat only the pauper class. Dr. C. J. Lundy appears in the report as assistant surgeon.

Joseph Cook asks in one of his lectures, "Does death end all?" Recent doings of the resurrectionists cause us to defer an attack on this conundrum for the present.

The *Medical News and Library* has completed in its June No. "Gosselius' Clinical Lectures," which has been running in its library department for the past two years. It will commence in its July no. an important work lately issued by the new Sydenham Society in England.

Dr. Foster Pratt's address before the Michigan State Medical Society has been received in pamphlet form. The general publication of this paper in the secular press forbids any analysis of it by us.

It rejoices us to note, as a result of our criticisms, that the fulminator of the *Detroit Lancet* has dropped the big "I," and now says "we," just as editors do. Such docility augurs well.

SELECTIONS.

Treatment of Melanoderma.—In a clinical lecture, reported in the *Boston Medical and Surgical Journal*, Dr. James C. White, Professor of Dermatology in Harvard University, has the following: For chloasma (moth patches), the form exhibited upon the face of this woman, a large number of preparations of these and other substances have also been advised, but there is one which surpasses all others in efficacy, one which I always use,—corrosive sublimate in solution. Its action can be most accurately regulated by adjusting the strength of the solution to the susceptibility of the skin in each case. Alcohol is a better solvent than water, because, as it evaporates more quickly, the solution is not so likely to run down upon the contiguous parts; and, as the patches are often abruptly defined, this is of some importance. A solution of four grains to the ounce is usually well borne, and will be found to be the best working strength. It is to be painted with a small camel's-hair brush over the pigmented patches at bedtime, a single application only the first two or three nights. Afterwards, if not too stimulating, a second or even a third painting at intervals of a few minutes may be tried, and will generally be well borne. Occasionally a skin will be met with that will bear a repetition of this process in the morning even. Our limit of immediate action should be, as already stated, a roughening of the surface from devitalization of the external layers of epidermal cells. Excessive stimulation will be shown by a reddening of the parts, persistent through the day, an increasing sensitiveness during the application, or even a papular eczematous efflorescence upon the part. Should such results occasionally follow, the remedy is to be suspended until the overaction subsides. Every morning the parts should be washed with soap and water, and, if the skin will bear the additional stimulation, pumice soap may be used with advantage upon a coarse bit of linen for the removal of the dead scales. By these means, constantly employed, we notice, as weeks go on, that the dark patches become lighter and lighter, and finally, in periods varying greatly in individual cases, not always in direct proportion to the intensity of coloring, assume the normal hue of the surrounding skin. In some cases, however, we do not succeed in causing the discolorations to wholly disappear, but must remain content with a great reduction in the discoloration. These results, moreover, are made permanent only by the continued use of the remedies as long as the pigment cells show a tendency to excessive reproduction. You may be asked, "Is it safe to employ for long periods so strong a solution of soluble salt of mercury? is there not danger of absorption to a serious amount?" You may safely answer in the negative. An ounce of the preparation applied in this way over the ordinary moth patches upon the face will last a long time, and can be absorbed only in infinitesimally small amount. In general melasma its use might indeed be unsafe.

Infantile Diarrhœa of Summer.—Dr. J. Lewis Smith recently discussed the subject of infantile diarrhœa of summer before the N. Y. Academy of medicine. As Dr. Smith is an authority on this subject, and the season is now upon us when physicians will have to contend with the disease. We quote somewhat liberally from his remarks as reported in the *Medical Record:*

"The symptoms of the disease are sufficiently familiar to all. In the majority of cases it begins very gradually, and the

mother is exceedingly apt to attribute the looseness of the bowels to dentition. The child may have six, eight or ten passages a day, and yet nothing whatever is done to check the diarrhœa, because it is supposed to be salutary during dentition. Dr. Smith says that even physicians formerly coincided in this opinion; but he himself believed that dentition had very little to do with the causation of summer diarrhœa. Indeed, the younger the child, the more apt it is to be attacked; so that infants are more likely to have the disease before dentition than they are after this has commenced.

Vomiting in such cases is not one of the initial symptoms, but sometimes it is, as when, for instance, the attack is directly attributable to some indigestible article of food. In such a case there is both vomiting and purging from the commencement. Ordinarily, however, there is gradually increasing diarrhœa for one or two weeks, and then vomiting also sets in. The most severe form of the disease is that known as cholera infantum, which resembles Asiatic cholera very markedly in its symptoms, but has, of course, no connection with that affection. Cholera infantum is to be regarded as simply an aggravated form of entero-colitis, because it is undoubtedly inflammatory in its nature. To look at or feel the skin of a child suffering from it, one could scarcely think that there was much fever present, and yet the thermometer in such cases almost always shows a temperature of 105, 106, or even 107 degrees. Cases of cholera infantum frequently run on into ordinary entero-colitis, when the urgent symptoms are relieved, and so, on the other hand, cases of ordinary entero-colitis are sometimes changed to cholera infantum, in consequence of some imprudence of diet or other source of aggravation.

The stools vary greatly in character, sometimes being yellowish, sometimes brown, and sometimes green; and there is one point of interest in connection with the green color frequently observed. Formerly it was supposed that this resulted from the liver being at fault, and calomel was almost always administered freely in consequence. Dr. Smith states that for years he had not given a particle of calomel in such cases, though sometimes he met in consultation physicians who thought it indicated from the vitiated condition of the bile, as they inferred simply from the green-colored stool. In order to determine this matter satisfactorily, Dr. Smith some time ago made a special examination of the liver in thirty or forty cases where death resulted from entero-colitis, and not in a single one of them could anything abnormal be detected about it, either with the microscope or otherwise. Moreover, he never observed this green discoloration at the point where the bile is poured out into the intestine (as would naturally be expected if it were due to the action of the latter); nor did it make its appearance until he got down to the ileum, several feet below that point. He concluded, therefore, that the bile had nothing to do with the green color observed. It is well known, also, that the stools may present a yellowish appearance when passed, but become green on standing, and especially if in contact with urine. The green color seems in reality to be due (as, indeed, is now generally accepted) simply to acidity. It is a fact that the kidneys are more apt to be affected in entero-colitis than the liver; and Dr. Smith thought it highly probable that the persistent vomiting in some cases was attributable to uræmia, in consequence of the trouble in the kidneys.

Dr. Smith now proceeded to take up the subject of treatment, which, he said, was one of the greatest importance to every general practitioner. He believed that there were but very few remedies from which it was necessary to select, and for his own part he scarcely ever employed more than two, viz.: opium and bismuth, before the hydrocephaloid stage was reached, and these he considered better than all others. The administration of the large doses of bismuth now employed is of but recent origin, but has been followed by the best results. In ordinary cases it should be given in doses of ten or twelve grains, and it may be advantageously combined with the compound powder of chalk with opium (which contains one grain of opium in forty), or else with ordinary Dover's powder. For general use, however, it is perhaps better to give the bismuth in suspension and the following prescription will be found a very admirable one:

℞. Tinct. opii deodoratæ,.....gtt. xvj.
Bismuth. subnitratis,..... ʒ ij.
Syrupi,.....f. ʒ ss.
Aquæ,.....f. ʒ iss. M.
Dose, a teaspoonful for a child of one year.

Dr. Smith said that he had been much more successful since he had employed opium and bismuth in this way than before, when he would often try a long list of remedies in succession, and not find good results from any. Such a combination as the above is retained on the stomach, and has the effect of both an antiseptic and an astringent. No preparatory treatment is necessary, unless it is found that some irritating article of food has been taken; but most of the cases are

considerably advanced when the physician is called in, and any such source of trouble has long since been gotten rid of.

Almost all cases of entero-colitis need stimulus, and brandy is the best form in which it can be given. Of course, the amount should vary according to the age, and Dr. Smith is in the habit of giving three drops for every month of the child's age (when under one year) every two or three hours.

When the hydrocephaloid stage of the disease is reached, the opium should be withdrawn or given very cautiously; but the bismuth may be continued as before. At this period, however, we must depend principally on tonics and astringents, and one of the most useful agents that can be employed is the liquor ferri nitratis. The following prescription will prove of great service:

℞. Tinct. columbæ,.....f ʒ ij.
Liq. ferri nitratis,.....gtt. xviij.
Syrupi,.....f ℥ ij. M.

Dose, a teaspoonful.

At the same time the stimulus should be kept up as before.

Finally, the kind of diet used is of the utmost importance. If the child is under one year old it should at once be removed to the country, or a wet-nurse should be provided for it, as no artificial food is reliable. If both of these are impossible, the best cow's milk should be prepared in such a way as to resemble healthy human milk as much as possible. The milk should be allowed to stand for some time, and then only the upper third of it employed. In this way the larger part of the sugar and butter will be obtained, while the indigestible casein (which settles to the bottom) will be avoided. As regards farinaceous preparations for children under six months old, Dr. Smith prefers Mellin's Liebig's food, which also has the endorsement of such authorities as Eustace Smith and Tanner. Its taste is quite sweet from the dextrine and glucose which it contains, while it is almost entirely free from starch. When added to cow's milk, it makes as good a substitute for mother's milk as has as yet been obtained. After the age of six month infants can digest a certain amount of starchy food, and then Robinson's prepared barley may be used with advantage, if it is sufficiently boiled. As a rule, however, Dr. Smith prefers Ridge's food, which is highly recommended by Steiner, of Germany. Dr. Smith formerly used to employ Nestle's food, but has been obliged to give it up, when the bowels are affected, on account of its laxative effect. In cases of habitual constipation in young infants, which is often a very perplexing condition to the practitioner, he has found it of very great service."

THE GALVANIC TREATMENT OF BEDSORES AND ULCERS.—Dr. Charles K. Mills, Neurologist to the Philadelphia Hospital, etc., in a recent clinical lecture, reported for the *Medical and Surgical Reporter*, gives his experience, which is a very favorable one, in the use of galvanism in the treatment of bedsores. The method is not a new one, having been employed by Mr. Spencer Wells over thirty years ago, and is described and commended by Dr. Hammond in his work on *Nervous Diseases*. It has, however, evidently not been very much in vogue of late, and its success in Dr. Mills' hands will doubtless do much in the way of directing attention to it. He says:

"My success has been all that I could desire. My usual plan of procedure has been much the same as that described by Hammond in his text-book. A thin silver plate is cut to the size and shape of the bed sore, and is connected with the zinc plate by a silver or copper wire six or eight inches long. The silver plate is placed over the bed sore, and the zinc above on the sound skin, a piece of chamois skin, which is kept moistened with vinegar, intervening.

The apparatus is held in position by adhesive strips, or a bandage, or by both. Instead of chamois skin, paper lint, or anything that will retain moisture, may be used. Mr. Wells, as I have already stated, says that the plates should be applied to the body without the intervention of any other substance, simply moistening the zinc with vinegar or an acid solution. The effect can be produced in this way, or by only having the moistened cloth under, or partly under the zinc; the acidulated material can be made to reach from the zinc plate to just beneath the edge of the silver, not, of course, extending it into the sore itself. If the moisture is applied directly to the zinc and the skin, it may require to be repeated oftener than is at all times convenient or possible.

You have had the opportunity of witnessing the beneficial effects of these plates in five bed sores. Deep, unhealthy sores have rapidly filled up and become healthy looking, cicatrization taking place in an unusually short time, under the galvanic stimulus. Several cases of chronic ulcer of the most unpromising type have also been successfully treated in the surgical wards. One large bed sore had obstinately refused to yield, or even to improve, under any treatment. It was between four and five inches in width, and fully half an inch deep, and had burrowe

considerably. It had an ugly, beefy appearance, with no evidence of granulations. I applied the silver plate, and within twenty-four hours a decided change for the better had taken place. Healthy granulation proceeded with great rapidity, the surface level being reached in a little more than forty-eight hours.

Mr. Wells, it will be remembered, speaks of ulcers situated in a line between two plates improving, becoming healthy, and cicatrizing, while others remain unaltered or degenerate. In one case treated by me four ulcers were situated on the inner side of the left leg. To the largest of these I applied the silver plate. the zinc being so placed that two of those remaining were in a line between the two metals. These two began at once to improve, one of them healing entirely in four days, and the other a couple days later. The fourth ulcer, below the one on which the plate was first employed, improved more slowly, requiring a direct application of the plate.

Remembering the observations of Mr. Wells on fistulous sores, in one case in which the bed sore had formed a deep sinus on one side, I had the silver plate cut down to a suitable size and shape, and introduced it directly into the sinus with the happiest effect, granulation and closure of the opening rapidly taking place.

It may be well to emphasize some practical points in carrying out the galvanic treatment of bed sores and ulcers. When, under the stimulus of the plates, the granulations have reached the level of the skin, and a marginal blue rim announces the beginning of cicatrization, the apparatus should be removed and some simple dressing applied. You may, for instance, use the water dressing, or carbolized or benzoated zinc ointment; or the ulcer can be strapped daily with equal parts of mercurial and soap plaster, as recommended by Dr. Wandelbaum, of Odessa. It is quite possible to continue the galvanic stimulation too long. When ulcers or bed sores present an indolent, unhealthy appearance, you can sometimes get better results if, before applying the plates, the diseased surface is actively treated with ordinary caustics, until a slough separates and leaves a fresh base. If one part of a sore should fill up and begin to heal before another, it may become necessary to reduce the size of the plate, or to apply it so as to cover only the tardy portion, thus preventing the plate from acting as an irritant to a surface already sufficiently stimulated. The supply of acidulated moisture must be carefully attended to by the nurse. The same attention to cleanliness should be given in carrying out this as in pursuing any other plan of treatment. The plates should be cleaned off once or twice daily; and the occasional use of potassium permanganate or carbolized washes may help to a favorable result. Care should be taken to place the zinc plate on unbroken and uninflamed skin, or an undesirable slough may be produced.

Another electrical method of treating bed sores and ulcers which I have instituted and used with success, is to connect, by means of a wire, a silver plate cut to the size of the sore and placed upon it, with the negative pole of a galvanic or continuous current battery, an ordinary sponge rheophore, or a zinc plate connected with the positive pole, being applied to the body a few inches distant."

Remedies for Mastitis Puerperalis, and Excoriated and Fissured Nipples.—

For Mastitis:

℞. Linseed oil, f ℥iv;
Hydrate chloral, ℥ ss.

Powder the chloral very fine, then mix it thoroughly with the oil. Apply, spread thickly, on a piece of soft woolen flannel, a little larger than necessary to cover the breast, with a central opening through which the nipple may protrude.

Apply as *warm* as can be borne, and keep warm whilst it remains applied, by warm sacks of camomile flowers or hops. The plaster should be renewed every four to six hours, until all pain, swelling and induration are relieved.

For excoriated or fissured nipples:

℞. Powd. nutgalls, ℥j,
Oil peppermint, gtt. x.

Comp. tinct. opium, q.s. to make a thick paste.

Apply a small portion just after the child nurses, each time. Just before the child nurses, the nipple should be gently cleansed with a soft sponge and warm tar-soap suds. —Dr. Q. C. Smith in *Pacific Medical and Surgical Journal.*

A Property of Sulphate of Quinine not well Known.—This property consists in the modification it causes on suppurating surfaces when it is applied locally. The injection of a solution of 60 centigrammes of sulphate of quinine in 60 to 100 grammes of distilled water is very advantageous in the treatment of empyema. This same injection is efficacious in gonorrhœa, and an ointment of sulphate of quinine exercises a cicatrising action on wounds and chronic ulcers. The injections of quinine have the same action on suppurating cavities and fistulous tracts.—*Gazetta Medica Italiana.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, JULY 10, 1878. No. 12

EDITORIAL.

THE APPOINTMENT OF EXAMINERS IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN.

The Board of Regents of our State University, at their late session, introduced certain changes in the method of examining applicants for degrees, in which the medical department was included. There existed several reasons why the change made was advisable. There has been for some time a growing feeling that the granting of degrees by medical schools should not be left entirely to the option of the teachers of those schools, but that some sort of a supervisory power should be vested in the profession whose ranks the graduate purposes to swell. This feeling is possibly stronger in Michigan than in states which do not support professional schools by appropriations from the public treasury. It is stronger, too, among those who advocate an advanced standard of qualification and who argue that the adoption of such a standard while it would ensure a better class of practitioners, would also diminish the number who are yearly being crowded into ranks which are already overcrowded. It is no reflection on the teachers who have been on terms of more or less familiarity with the candidate for graduation during the course of his pupilage, to fear that they are not as capable of declaring without bias on the result of the examination as a totally disinterested person. In addition to this also, although the argument does not apply with so much force to a state school as to a private institution, it is a matter of pride, to insinuate nothing about the profit, for each school to be able to publish at the close of each year a large list of graduates. For reasons similar, and probably additional to the above, older countries have long since taken the power of graduating students out of the hands of their teachers, and the recent action of the Regents in appointing Drs. William Brodie, of Detroit, and H. O. Hitchcock, of Kalamazoo, assistant examiners of the next class of graduates from the department of Medicine and Surgery of the University, is but a step towards relieving the faculty entirely of the duty and responsibility of conferring degrees.

In the present instance, however, there were additional and exceptional features which rendered the above action of the Regents not only desirable but positively necessary. The only argument (and to our mind it was an unanswerable one) that could be advanced in favor of the late connection of the Department of Medicine and Surgery with that of Homœopathy in the University, was that the faculty of the former was enabled by such connection to guarantee that graduates in homœopathy, should at least be well grounded in the fundamentals of anatomy, physiology and chemistry. With such a guarantee we should have little concern for the therapeutics. Although the graduate might, for its effect on a certain class of the community, sail under homœopathic colors, he would nevertheless, in emergencies, be found to be a not very faithful follower in Hahnemannian footsteps. But the power thus to guarantee has by additions from time to time to the homœopathic staff since the establishment of that department, been gradually slipping away, until latterly it ceased entirely to exist, and in this wise: The only members of the regular faculty who could vote on the homœopath's fitness were those who lectured on subjects which were common to the two departments, and latterly there were only three of these, while in the homœopathic department there were four professors, who each had a full vote with the professors of the regular department. Under this state of affairs it will be seen that a small vote by the regular professors on any candidate could be overruled by a full vote by the homœopaths, and thus the censorship of the former be nullified. The odium, therefore, which attached to the regular professors in some minds, ceased to be compensated by any redeeming feature. Very naturally, under such circumstances, those concerned asked to be relieved from the duty of examining and granting certificates to any but their own students. In future, therefore, the homœopaths will themselves examine, and certify to the efficiency of their own students, and thus the connection between the two schools and which has been the cause of so much commotion has been severed.

For our own part, although forced to admit that the circumstances above enumerated rendered the change necessary, we nevertheless cannot but regret the circumstances. We endorsed, unequivocally from the first, the original plan, and although it met with much opposition and in some quarters was made the excuse for a malevolent warfare on

on the Medical Department of the University, the sober second thought had commenced to assume the ascendency, and the wisdom of the arrangement would ere long have been conceded. This homœopathic question is one which will continue to force itself in one or other of its protean forms upon the profession of this country, and it will some time have to be dealt with. We regret further in this connection the recent action of the Regents in that it has, to a certain extent, forestalled the action of the American Medical Association. J. J. M.

The names of those who have remitted since our last, will appear in our next issue.

ORIGINAL ARTICLES.

EPIDERMIC MEDICATION AND ALIMENTATION.

By DEWITT C. WADE, M. D.

Under favorable circumstances, the skin is capable of conveying fluids from its surface into the circulation. This is not new, yet advantage is not frequently taken of this function of tegumentary tissue. I propose to discuss the circumstances that favor absorption by the skin, and to call attention to the desirability of sometimes employing this method—of medication and alimentation. The formulas to be given for this purpose are probably new.

I believe that the first element of absorption is solution, and this obtains in every part of the body. Undissolved substances may be administered or applied, with absorption as a result, but there is no proof that in all such cases solution is not first effected after administration or application.

Absorption by the skin is most readily induced by applying the desired material dissolved in glycerine. This solvent is best, because it is miscible with blood, and because it is not volatile. Probably it alone, of the fluids, has these two properties. Water and alcohol evaporate before sufficient absorption can take place. There is, however, an objection to glycerine for this purpose—it cannot generally be brought in contact with the skin absorbents until the oily secretions have been removed. This, however, is a slight inconvenience, for an alkaline bath effectively dissolves this secretion, and removes it. When this is accomplished, glycerine will be rapidly absorbed. In my opinion, the best alkali to use for this purpose is ammonia, because it can itself be most easily removed on account of its volatility, and because it is a stimulant to the absorbents.

Regarding alimentation, it is probable that assimilation only requires solution of the aliment and its admixture with the blood. There is no evidence that digestion accomplishes more than this, except in the case of starch. If the nutritive material can be carried to the blood *via* the skin, perhaps human lives may sometimes be saved through this means when other methods of alimentation have been rendered impracticable. I desire to ask special attention to the value of this method in the bowel diseases of children. Of course the amplification of these thoughts rests with each practitioner, who, it is expected, will be able to construct other formulas from the skeletons here given. I should say now, that the theories here given, have been abundantly proved in practice. I have not found that it is material as to what part of the surface the glyceroles should be applied, but the most convenient portion is that of the anterior of the trunk. The doses, I think, should be about the same as when the rectal method is used.

An opportunity frequently occurs when it may be desirable to test this method, and whoever does so, will never drop it from among the important items to be remembered.

I. Water of ammonia.....10 to 60 minims.
Water..... 4 fluid ounces.
Mix.

Apply with a sponge or cloth over a sufficient surface, and when it is evident that the skin is entirely cleansed from the oily secretion, wash with pure water and wipe dry. The alkali should be removed, because it is incompatible with the salts of the alkaloids. The application of the glycerine should immediately follow. The saturation of the integument with glycerine appears to retard the glandular excretion, so that it is not necessary to frequently repeat the use of the ammonia.

II. Sulphate of morphia.....3 grains.
Glycerine.....1 fluid ounce.
Mix.

To be used with discretion.

III. Bromide of quinia.....20 to 60 grains.
Glycerine..... 1 fluid ounce.
Mix. Dissolve by the aid of heat.

The sulphate of quinia cannot be dissolved in large enough quantities in glycerine to take the place of the bromide; beside, the latter is much more desirable in any case, except in price. A rapid effect can be obtained from this glycerole.

IV. Liebig's extract of beef.....1 ounce.
Glycerine.....3 fluid ounces.
Mix.

This compound has a brown color, plainly discernible after it is applied. It is astonishing to observe how quickly it disappears, and its effect upon the pulse is just as quickly noticed. Extract

of beef is a very valuable stimulant, perhaps second to none other, but it is not a nutritive, and should not be relied upon as such.

V. Dried albumen.....2 ounces.
Glycerine.....2 fluid ounces.
Mix.

In this formula we have an equivalent of about 13 ounces of fresh albumen. It is a ready means of supplying nitrogenous aliment.

VI. Glucose.....2 ounces.
Glycerine.....2 fluid ounces.
Mix.

Extract of Malt may be substituted for the glucose.

This is carbonaceous aliment. Its uses should be apparent to the intelligent prescriber.

I have given a sufficient number of formulas to indicate what principles are involved, in epidermic medication and alimentation. Any two or all of those given may be combined, if desired, or their proportions changed. In extending the list of epidermic glyceroles, it must not be forgotten that some substance, soluble in glycerine, cannot be carried through the absorbents to the blood;—for instance tannin. It forms insoluble tannate of albumen in all tissues, and would surely produce death by embolism, if injected into a vein. Some of the mineral salts behave in a similar manner.

HOLLY, MICH.

QUININE AND CINCHONIDIA AS OXYTOCICS.

BY A. C. DAVIDSON, M. D.

As several articles of note have recently appeared in the journals, concerning the oxytocic effect of quinine and cinchonidia, and as the writers have taken different views on the questions, I have thought proper to add some of my own experience, though but a straw, to the weight of testimony already adduced.

This experience, though somewhat limited, constrains me to regard these drugs as possessed of oxytocic properties, and I shall present three cases, recently occurring in my practice, in two of which quinine was used, and in the other cinchonidia, to sustain my views.

Mrs. D., — multipara in fifth month of gestation, was suffering with the hectic fever of pulmonary tuberculosis, probably of miliary form, for which I had prescribed five grs. of quinine, together with fifteen gtts. of tinct. ferri mur. three times a day. She complained, after taking the sixth dose, of pain in the lower bowels and back. I discontinued the iron and applied sinapisms over the lumbar and sacral region without giving relief, quinine being continued as before. On the fifth day I was summoned hurriedly to see the patient, who, I was told, was about to miscarry. Found her suffering very much; pain simulating that of natural labor. I made no digital examination, but gave immediately morphia, which soon dissipated all unfavorable symptoms. I, however, continued the use of quinine, with brandy, as before, directing patient to take a dose of morphine upon a return of similar symptoms. The morphia had the effect of counteracting the ill effects of the quinine. It is but just to state that croton oil liniment had been used about the upper portions of the chest, front and back, down to superior base of the mammæ, in the beginning of treatment, and until the tinct. ferri was discontinued, though it would be difficult to attribute the uterine pains to this.

Mrs. R., age thirty-six, primipara, had been in labor eighteen hours, os dilated to the size of a silver quarter dollar; waited two hours with no perceptible change; gave ten grains of quinine, which in less than twenty minutes began to "act like a charm," arousing the sluggish uterus to its full duty. Labor came on vigorously, and in less than two hours after the quinine was given, the patient was delivered safely, of a large infant, and passed to a speedy and safe recovery. In this case no other drug was used.

Mrs. I., age twenty-eight, multipara, had previously borne three children, with all of which labor had been considerably protracted. Had been in labor twelve hours, os dilated to about an inch diameter, pulse small, hard and frequent. Patient very restless; waited an hour, no change; waited another hour and a half, no perceptible change; gave twelve grains cinchonidia, and fixed myself to take an hour's nap, but was disappointed in that within a half an hour I was summoned to the bedside of patient, and found the os rapidly dilating, and the uterus contracting with force. In a short time patient was delivered of a "fine boy." Convalescence progressed remarkably speedily and satisfactorily—the patient expressing herself as never having had "so good a time." In this case, as in the one before mentioned, no other drug was used.

I leave it to the readers of the NEWS to draw the deductions.

SHARON, GA.

A CASE OF BILIOUS COLIC. (?)

Reported by J. CAMP, M. D.

I was sent for May 15, 1878, to see a Miss S——, said to be very sick under the care of Dr. ——. I hastened over and found the doctor treating a case, as he said, of bilious

colic, he having been at the bedside for the last twenty-four hours. I was shown to the bed where lay a well developed young women of eighteen, with a very red face. I said to the doctor that perhaps his remedies were not strong enough for such a case (he being a homœopath). I intimated that I could relieve the patient by manipulating the bowels through the rectum, as I looked upon it as a pure case of intussusception. Having gained his consent to do so, I asked the nurse to get me the permission of the patient, which she did, and I sat down by her bedside. In carrying my hand to the desired location, I had not much steadiness of nerve (being a man of sixty), and I reached her person an inch or an inch and a half too high, and actually entered the vagina. Before I had time to correct the error, my fingers came in contact with something resembling a child's head, which followed the hand as I withdrew it, until it formed a large perineal tumor, and in a moment or two there was a long protracted pain which ended with the disappearance of both tumors and the patient's dropping off to sleep. Just then a cry of a child was heard up stairs or down cellar, which I ordered the nurse to go and still, for fear it would waken the patient. She not obeying the order, I turned my head to divine the cause. There she sat motionless in her chair, with a face as red as had been that of the patient's a short time before. At that moment I felt something under the covering of the bed alive and kicking. I said to her and the doctor that a child had crawled out of the straw tick, naked, and it was actually making the noise complained of. I asked for a blanket, wrapped it up, and placing in the nurse's arms, she carried it from the room. I then said to the doctor that there would be one or two slight pains in about half an hour, but I thought he could attend to them as well as I could. I bowed myself out of the house, and jogged my way homewards, thinking what strange things occur in the life of a man who has devoted thirty-five years to the practice of medicine.

I subsequently learnt that the patient made a rapid recovery notwithstanding one lobe of her liver passed half an hour after I left, with a halter attached to it, two and a half feet long.

BANGOR, MICH., June 19, 1878.

TREATMENT OF INEBRIETY.

By J. H. NOWLIN, M. D.

In issue No. 10, page 116 of the NEWS, I note the following language, directly following a notice of the milk treatment of inebriates by Dr. Kitchen, of the New York State Inebriate Asylum. "Experience has also shown that the hot bath has greater influence in quieting the nervous irritability and unsettled condition of the victims of alcohol, than *any medicine that can be* prescribed."

Sweet milk (the newer the better), has long been my favorite diet for inebriates. With the use of the hot bath, I have had little familiarity in such cases—but am prepared to admit its quieting and soothing influence.

The formula presented below (strictly an original one, so far as I am concerned), constitutes my favorite, and indeed almost exclusive, medicinal agent in all stages and degrees of alcoholism. I commenced its use very soon after I became acquainted with the therapeutical potency of that invaluable addition to our Materia Medica, the hydrate of chloral. The combination is such as to obviate the depressing influence of the chloral over the heart's action, through the nerve centre, and still secure the full measure of its quieting influence. I have never found any other remedy which so fully *satisfies* that periodical nervous *demand* of stimulants that universally attends the pitiable career of the habitual drunkard. Under its influence there is no demand for alcohol, and if taken it is only done for the *love* of its taste. And besides it is by no means difficult to gradually abandon the remedy.

℞. Chloral hydrate.
Potassium bromide ā ā..... ʒ iss.
Tinct. capsicum..... ʒ ii.
Water q. s. ad ..... ʒ viii.
M.

Sig. ʒ j or ʒ ij largely diluted with water or milk every hour or two till sleep is produced in cases of delirium tremens, or till the nerves are quieted in other cases; and afterwards repeat as needed.

LITTLE ROCK, ARK.

CALOMEL IN SUMMER DIARRHŒA OF INFANTS—IDIOSYNCRATIC ACTION OF QUININE.

By E. B. WRIGHT, M. D.

I noticed in the NEWS of June 24, an article on "Infantile Diarrhœa of Summer" in which the remarks of Dr. J. Lewis Smith, of New York, are copied from the *Medical Record*. Dr. Smith was a classmate of mine during my entire lecture course, and we graduated together. That acquaintance with him taught me to respect his opinions, and I only wish to take a few exceptions, to what he says in reference to the employment of calomel in this class of diseases.

Dr. Smith falls into the common error of thinking that the condition of the liver, and bile, is the criterion by which to judge of the necessity of prescribing calomel. Our eclectic friends think they have amply demonstrated that this drug does not increase the flow of bile, and then make haste to decide against its use.

I deem calomel a marvelous sedative, not only to the stomach and bowels, but to the system at large. I have not found its equal in allaying vomiting and purging. I have taken these little patients from the physicians who had given everything but calomel, who were so emaciated that the skin hung in folds on their bodies; have prescribed the drug in grain doses, every two hours, until perhaps four or five grains had been administered, and seen it produce an immediate improvement, several making rapid recoveries, with little or no after treatment. I think that no inconsiderable part of the curative action of the medicine results from its direct application to the diseased mucous membrane. I judge this from its great value as a dressing for obstinate ulcers, eczemas, and other affections of the skin. Perhaps, if Dr. Smith had employed this remedy often, he would not have had quite as many opportunities for post mortem examination of these cases, as he tells us of.

I notice further an article by Dr. A. Ford in the NEWS, of May 25th, and likewise one in the issue of June 24th, from our friend Dr. Calkins, of Allegan, mentioning certain idiosyncrasies in reference to the use of the drugs quinine and cinchonidia. Allow me to add a case to your collection.

In the summer of 1877 I was sent for to see a young man, whom I found not only covered with the eruption described in the article referred to, but the mucous membrane of the mouth and fauces was extremely hot, and of a bright red color. There were also marked symptoms of congestion of the lungs, accompanied by a good deal of difficulty of respiration. Upon inquiry, we found that this was the third attack of the kind, and each had followed the taking of a full dose of sulph. quinine. An opiate quieted the symptoms of congestion, and in less than twenty-four hours he was all right.

I have seen the skin, mouth and lungs in another patient almost exactly similarly affected, with the addition of vomiting and purging after the eating of stewed oysters, for each of three consecutive times. For years previous this patient had partaken of oysters in every possible form, without the least ill effect, but as since these three attacks he has "soured" on them; we cannot say whether this condition will be permanent. . . . . .

SAUGATUCK, MICH.

MISCELLANY.

MEDICINE IN LIBERIA.—[The following extracts from a letter, written by Dr. David, of Liberia, Africa, to his former preceptor, Dr. Lyster, of this city, may be of interest to many of our readers.]

ROBERTSPORT, GRAND CAPE MOUNT,
Liberia, W. Africa, April 23, 1878.

My dear Doctor:

* * * * * I am a subscriber to the Detroit Med. Journal and Am. Jour. Med. Sciences, but strange to say have not received a copy since leaving the United States. Will you please send them on. Thinking you would be interested in hearing regarding medical affairs in this distant tropical region, I send you some account of practice in Liberia.

We have seven regularly educated physicians in this republic, all from American Colleges. I have with others been endeavoring to organize a national association; if we can accomplish this we will be brought into a more intimate connection with the profession in other parts of the world.

The circumstances which govern us here are so different from those in the United States, that in many cases we use other materials than those in use in your country. We have no drugstores, and each physician must prepare and dispense his own medicines.

There is a very general want of ability to pay for services rendered, which gives great opportunity for charitable work. However, there is but little appreciation on the part of the people for the medical profession, notwithstanding the fact that the service is rendered freely. There are no laws governing the profession of medicine in this republic, consequently any person who can procure a vial of calomel or of assafœtida is a fit person to dispense it.

In certain sections more reliance is placed upon the native doctors, than upon regular practitioners, and often irreparable damage is done by them. While this is a fact, yet in justice to the natives I must say, that they often do some good; in some cases apparently remarkable cures have been effected. They possess knowledge of native plants, and I think these are often better adapted to the diseases of the country than medicines imported.

Whatever knowledge they do possess they will not willingly impart to any one, so when a native doctor dies all his stock of knowledge dies with him.

I am trying to obtain from them their methods of using certain plants, and hope ere long to be conversant with them.

I have not, of course, had much surgery, but my obstetrical practice is larger than I expected at first. I find that nearly two-thirds of the people are troubled with cutaneous diseases, frambœsia or yaws being the most prevalent. I hope to write my observations upon this disease.

I have made botanical examination of some of the plants growing here, but have not entered as yet into any extensive observation of their medicinal qualities on account of my small supply of chemicals and reagents, most of which I am keeping for urinalysis in practice. One plant which I am studying and waiting for it to flower, has a bitter bark, and is used by the natives as a hæmostatic and also in fevers; I have sent some to Philadelphia for analysis. The same bark is shipped to England where it meets ready sale.

I am expecting to have charge of the immigrants when they arrive from Charleston.

Very respectfully,
JULIUS W. DAVID, M. D.,
(Univ. of Mich.)

[The immigrant ship has arrived out having run short of water, and having typhus fever on board. Twenty-three had died during the passage from the fever.—ED.]

THE MICROPHONE.—This wonderful recent invention, by Prof. Hughes, promises great things for medicine. It has just been put to practical use, for the first time, by Sir Henry Thompson, in sounding for stone in the bladder. Its utility is, of course, dependent on its power of intensifying the slightest note, and on the occasion of its recent trial being attached to an ordinary sound, it caused the note of contact with the calculus to be distinctly audible clear across an ordinary sized bed chamber. Dr. D. W. Yandell, of Louisville, who is now in England, was present at the experiment, and also at a lecture delivered by Sir Henry at University College Hospital. The doctor sends to the *Louisville Medical News* a report, both of the experiment and of the subsequent lecture on the instrument, from which we take the following, and we feel that no apology will be demanded for this liberal quotation:

But before showing you what the power of the apparatus is I wish it to be distinctly understood that this is not an instrument which is to be used—no, not in one case out twenty. Please understand that the stone is to be found by the ordinary method; and this is only, I will not say a surgical or scientific toy, but a resource which we have in reserve for exceptional and difficult cases, or for those who may find it perhaps more useful than than their unassisted hands and ears. It may be compared to a very high power in the microscope. I need not tell you what great discoveries have been made with the microscope, in every direction throughout nature, with very low object-glasses—glasses not to be mentioned in comparison with the high powers which we now use. It is a question how much those extremely high powers have done. They have really done but very little.

Now the analogy between the microscope and the microphone is very strong. There are many things which we have been in the habit of regarding as without sound, as not producing a note. Nobody for example, has ever heard a fly walking on a window-pane. Most persons would say it was noiseless, but it is not so. It simply produces a noise which our unaided ears can not appreciate. We cut our finger, and we see a little blood. The ordinary eye sees nothing but a little red fluid; nine persons out of ten would be astonished at seeing, under the microscope, what a composite fluid it is—the corpuscles, the liquor, and so on. Just so there are many notes in nature of which we have not the slightest appreciation, but by Prof. Hughes' invention we can hear and measure them.

With these observations, and wishing you to understand clearly the place in which I should put this relatively to our surgical armamentarium, I will show you what the microphone is. Here is a battery, with the smallest section. If we had used a large section, it would have interfered with the success of the experiment. The current goes up to a telephone, then comes back here, and then goes on to another telephone. It is to be united with this wire, which goes to the other pole of the battery. It does not matter whether you begin with the positive or negative.

I have here an ordinary sound for sounding a bladder and a microphone upon it. You see a little piece of gas-carbon balanced with a spring, and another piece lying transversely to it. Now by striking any thing with the point of the sound, an acoustic wave goes through the particles of the steel sound and comes up to this piece of carbon. This movable piece receives the impulse, and this now comes into circuit. But it is no longer an acoustic wave; it is transmuted into an electric wave. It suffices to touch a pin; the sound goes up; molecular changes take place which are acoustic in that piece of carbon, and there it ceases; they are then transmuted into electrical waves and are made audible by means of the telephone. Here is the secret of the matter; that however tiny an acoustic wave is, it may be mag-

nified the instant it becomes an electric wave. I connect these two poles, and, ii I rub the two ends of the pieces of wire together, you can distinctly hear the sound by means of the telephone. The circuit is now complete. I have here an extemporized bladder (a basin lined with wash-leather), and I put in it a small calculus. We will suppose that there is some suspicion that a portion of a stone is in the bladder or a small fragment left in it. You may push it perhaps, but you can not feel any thing; but, with this instrument if you touch with your sound a fragment, however small, your telephone will at once speak. I have used the instrument in the bladder, but, unfortunately, I have not a patient here to-day. If I touch the point of a pin or a finger-nail, the sound is distinctly heard. You have no idea of the trouble required to get the microphone right for our purpose. In this respect it is like the aneroid. If you want to measure certain heights with an aneroid—if you want to measure from the sea-level up to five thousand feet—you have one instrument for that purpose, and then for a second five thousand feet you require another instrument. One aneroid will not suffice for the whole range in the case of Mount Blanc, for instance, which is fifteen thousand feet; so that you would require a mercurial barometer The aneroid has only a certain limit within which it is correct. So it is with the microphone. I could put a microphone on this circuit which would be utterly useless. The microphone I have shown you would not enable you to hear the march of a fly. Professor Hughes says that he could make the march of a fly across a piece of net sound like the tramp of an elephant. I have heard a fly walk across a piece of net, but the sound has not been what my notion of the tramp of an elephant would be. Before an audience, say, of one thousand or twelve hundred persons, a large telephone is used, a round trumpet-shaped thing that conducts the notes to the audience. Now, this would be of no use in sounding for stone. What I want to show you here, is the way in which the instrument may be used in the chamber or hospital-ward. But, as I have said, this instrument is not delicate enough to make the march of a fly audible. If it were, when you put it into the bladder, you would have such a noise from friction from the urethra and bladder that you would not hear the little bit of stone. This is an illustration of the difficulty that often attends the use of these scientific things when you come to actual practice. It must be borne in mind that you do not get a different note from the different bodies struck. The eletric wave merely multiplies or magnifies the wave in the steel instrument; but it does not matter whether you have struck a blanket or a flint, or the mucous membrane of a bladder or a stone; the sound is precisely the same. Here, if you have too powerful a battery, the friction-sounds would be augmented, and you will not succeed in your effort. Even the echoes of the room may interfere with your operation. I will now put the sound in the extemporized bladder, and, as I touch the little fragment of stone, you will hear a sharp click. It is in dirty thick water, and I can not tell myself when I strike it; but those of you who listen through the telephone will perceive it.

In a few words, then, the demonstration is this: that you can make absolutely logically certain the existence of small fragments in in the bladder, for the detection of which you have hitherto depended upon your unassisted ear and hand. I want particularly to say that the unassisted ear and hand will suffice for almost all cases. There may be one in a hundred in which it may be necessary or desirable to use this instrument. It is something like the case of the endoscope in regard to the urethra. When it was first introduced, a good deal was said about its being applicable to all disorders of the urethra and the bladder; but it was found in practice that, however well it looked upon paper, there was only a case here and there that might be benefited by its use. What has mainly actuated me in bringing this subject before you is this: it is obvious that this new invention, which increases the sound of a foreign body, is equally applicable to a bullet or a shot, or any foreign body at the bottom of a wound or a piece of diseased bone.

Comparative Surgery, Etc.—Dr. C. E. Koon, of Casnovia, Michigan, has been stepping a little out of the beaten path and has treated us to the following:

Mr. Editor—To vary the monotony I have to report the post mortem discovery of an immense ovarian cyst in a mare, and a well marked case of tuberculosis in a pig. Also two successful operations on hens, to wit: ovariotomy and the removal of a large fatty tumor from abdomen; and a case of placenta prævia in a mare, wherein a heavy handed farmer, recognizing the gravity of the case, delivered promptly to the reproach of a certain doctor near by, who in a similar case, occurring in a women, let the patient die, and cooly watched the movements of the child in utero for ten minutes after death of mother.

A word on the "*Quinine Rashes*" of Drs. Ford and Calkins. An excitation of the vaso-

motor nervous system may, and often does induce hyperæsthesia and anæsthesia, perspiration, rashes, etc., on the surface. The perturbating influence of anger, fear, grief, etc., in checking and vitiating secretions, and inducing fluxes and rashes, is well known, and during the administration of medicine, whenever an unclassified rash appears, I call it a "*sweaty* rash," and imagine that some poison peculiar to the disease, patient or *doctor*, is being eliminated, but had never thought of attributing it to idiosyncratic drug action.

Homœopathic "Soul Medicine." "In allopathy the soul is nowhere; in homœopathy the state of the soul or mind is a *sine qua non*.

Allopathy has no means of affecting the soul or mind, except those of a moral kind; whereas homœopathic medicines act upon the spirit or soul of man and through and by means of it, and with a certainty which is as remarkable as it is true.

By way of illustrating the power of homœopathic medicines over the mind and its affections, I shall give the following example: A favorite cat of my own had kittens; all were drowned but two; then one was given away, and ultimately the remaining one was given to a friend. The mother of the kittens became *inconsolable*, and went all over the house, mourning her loss in unmistakeable *tones of grief*, for five days and nights, making night hideous with her cries. One globule of *Ignatia* cured her in half an hour, as she never cried again. (Skinner's "diseases of women" page 27—*Phila. Medical Times.*)

This effect of Ignatia on the cat's soul was truly wonderful, but much less so than that which picric acid is said to have had on a homœopathic professor lately.

Complimentary Resolutions to Doctor Henry F. Lyster.—At a meeting of the graduating class of the Medical Department of the University of Michigan, held June 8th, 1878, the following resolutions were adopted:

Resolved, That the thanks of the graduating class be tendered to Dr. Lyster for the very interesting and instructive course of lectures upon Public Hygiene, given to us by him during the past session;

Resolved, That from the same we have derived a knowledge of Public Hygiene of great value to us, and have been incited to a further study of that very important subject;

Resolved, That in our opinion the public interest requires, that regular instruction of the kind we have had from Dr. Lyster should be given in that branch of medical science in our University.

N. H. WILLIAMS,
C. H. BURTLESS, } *Committee.*

PARAGRAPHS.

Mania metaphysica (Gräbel-sucht) is the latest addition to our nosological list. It is the name for that disease in young persons which prompts them to constant and useless inquiry into the why and wherefore of things. Bromide of potassium is recommended by way of treatment, and we anticipate an immense sale of the drug.

As a result of the internecine war which has lately been waging in the ranks of our dear friends, to wit, the homœopaths, Prof. Jones retains his place, and Prof. Gilchrist has got the grand bounce.

"Oh, wanst there was two cats in Kilkenny,
Each thought there was one cat too many,
So they quarrelled and fit,
And they scratched and they bit,
Until, barrin' their nails,
And the tips of their tails,
Instead of two cats, there wasn't any."

The *Medical and Surgical Reporter* tells us that in Ellsworth, Kansas, there is a physician who has his professional card painted on the drop curtain of the theatre. It is impossible to suppress true genius, and the doctor who discovers a new way of advertising has more than ordinary merit.

The general verdict of the profession is that business is very light, the health of the community being very good. Hygiene and preventive medicine are doing their work, the effects of which will be noticeable before long in a diminished number of doctors.

"Do you think I shall recover doctor?" "Certainly, madam. No possible doubt of it. The statistics show that one per cent. of those afflicted with your disease recover. Yours is my hundredth case, and as the ninety and nine have gone before, I can confidently promise you that you will be left." Statistics are fountains of consolation.

Dr. S. S. Smith, of Driftwood, Pa., writes to the *Med. & Surg. Reporter* that he recently delivered a woman of a child weighing twenty-two pounds. He states that it was necessary to first perform craniotomy, which statement will, perhaps enable the more struthious of our readers to swallow the story.

The Surgical Clinique of the University of Michigan (Prof. Maclean's) wound up for the season with all the *eclat* that one ovariotomy, one lithotomy and two amputations of the breast could impart. The operations and after treatment were conducted on the antiseptic plan, and notwithstanding the fact that they have not been reported they have all (ovariotomy included) been successful.

The Cincinnati *Lancet & Observer* (monthly), and the *Clinic* (weekly), of the same place, have consolidated under the name of *Lancet and Clinic*, which will be issued as a weekly. It will at first contain twenty pages of reading matter, but contemplates adding in January 1879, four more pagss. The journals, while sailing singly, were among the very best, each in its class, and now that they have joined their forces, we expect even increased excellence.

At Prof. Maclean's request, a committee was appointed by the Board of Regents, at its late meeting, to investigate the Sheriff controversy, which committee determined; 1. that Prof. Gilchrist had dismissed Sheriff as incurable. 2. That Prof. Maclean did not seduce Sheriff or any other patient from the hemœopathic clinic. 3. That Prof. Maclean completely cured Sheriff of his obliteration of the urethra. These impartial conclusions vindicate effectually Prof. Maclean's public conduct in the matter of the University Hospital, as they also do his personal veracity which had been publicly called in question.

The *Toledo Medical & Surgical Journal* gives this "most unkindest cut of all" in referring to the election of president of the Association of American Medical Editors, at its late meeting: "The chairman of the nominating committee was a member of a journal staff which has ten editors" (we have but nine)"and the remaining committeeman was of a journal which has three editors. They reported the senior member of the staff of ten" (we have but nine)"as President, and the senior member of the staff of three as Vice President"

Envious Casca! "Member of a journal staff" of but *four* editors! *you* never can be President with *such* a staff.

Another Richmond is the field.—Secretary of State Board of Health Baker, of Lansing, is the latest champion of the lost cause. He shys his castor via *Canada Lancet*, and declares that a "large number of respectable physicians are very much ashamed" of the action of the Michigan State Medical Society in rejecting the proposed amendment whose object was to exclude graduates of the State University from membership. Give us a few names, Censor Baker, and we will then give you the name of one who *should* be ashamed of conduct which we will at the same time direct his attention to.

The *Canada Lancet* copies from the News the abstract of Dr. M. O. Jones' article on cauterdizing the cervix uteri as a remedy for vomiting in pregnancy. It, however, heads the quotation, "Prolonged Rectal Alimentation." Now isn't this just a little mixed, Mr. *Lancet*.

SELECTIONS.

The Infantile Diarrhœa of Summer.—Dr. C. G. Comegys, lecturer on clinical medicines in the Cincinnati Hospital, writes to the *Medical Record* on tne above subject, and among other things intimates that the "Cool Bathing" he recommended two years ago, might profitably supplement the treatment recommended by Prof. J. Lewis Smith, as reported in the *Record*, and quoted in the issue of the News. He says: From my experience in a large number of cases, I have the utmost confidence in recommending the plan of cold baths to the profession. I beg gentlemen to try it.

Not only will it be found invaluable in "summer complaint," but in pneumonia, capillary bronchitis, and scarlet fever, remitting and typhoid fevers; in short, whatever may be the disease (sun stroke, *par excellence*), where a high fever exists.

If the limits of an article like this would allow it, I could give numerous cases, in all the febrile forms of disease enumerated above, where the most satisfactory results have followed baths.

The immersion plan is much better than the wet pack, because the radiation of the febrile heat is more rapid and equable from the surface of the body. I have used the pack about the chest and abdomen for many years in private and hospital practice, and I know well what I say when I repeat that it is not only more troublesome to apply, but of greatly inferior value to the immersion method. I have also in high grades of fever often enveloped the whole body in a wet sheet wrung out of cold—even ice water, but it does not answer an antipyretic purpose anything like as well as immersion.

In regard to the internal treatment, generally I employ blue-mass in powder with sugar, or rubbed up with the aromatic syrup of rhubarb, in order to establish the healthy yellow alvine dejection; afterwards bismuth and pepsin. I generally succeed with these in the apyretic or non-inflammatory cases, but give the bath always in entero-colitis.

In cholera infantum, I at once employ a suitable dose of morphia hypodermically, and at the same time give small and repeated doses of calomel or blue-mass to excite a biliary flux. The morphine will promptly arrest the vomiting and diarrhœa, but they will return with fatal effects unless the biliary dejections are established.

Lastly, children who have had an attack of summer diarrhœa and have recovered should be removed to places of better air and fresher diet, for they are exceedingly liable to a relapse.

I beg further space, in order to encourage practitioners to try the plan of cool baths, to quote from an editorial of Prof. H. C. Wood, in *Philadelphia Medical Times*, August 5, 1876, on the subject. Referring to my original article published in 1875, he says; "Any one who has seen, as I have this summer, the child on whom drugs had ceased to act, and who was seemingly doomed to die, relieved in twelve hours by enforced cold bathing every three or four hours, will grant to Dr. Comegys, the credit of having introduced one of the most life-saving improvements in modern therapeutics. The sudden sweet sleep, replacing, after the bath, the fretful nights and days of unrest, is a thing never to be forgotten when once seen; and the arrest of the diarrhœa is certainly no less remarkable."

Dr. Fothergill, in his work, refers to my treatment, but seems to apprehend that it is only applicable to a form of entero-colitis. He is in error—it applies to all forms.

This summer I have tried salicylate of soda in the height of the fever, and I think it is of value. I also employ it in pneumonia very favorably.

Feigning Fever.—Sellerbecker, (*Berlin Klin. Wochenschrift.*)

A peculiar case of feigning, in order to secure greater attention, is here reported.

A female patient, under treatment for stenosis of the heart and ulcer of the stomach:

Temperature found to vary, without apparent cause, from 101 to 103°. Pulse 120 and respirations 20.

The rapidity of the pulse was easily explained, and the doctor, by means of rapid and deep respirations, elevated his own pulse from 75 to 130 per minute.

The elevation of temperature was more difficult of explanation, but was evidently effected by deceit. To clear up the point, the thermometer which in the axilla registered 101.1°, was placed in the rectum, which gave a temperature of only 99.6°.

The patient eventually confessed and explained her methods as follows:

As soon as the nurse had placed the thermometer in the axilla, from pretext of cold she covered herself well, and then drawing the back part of the chemise forward in the axilla, and making of it a kind of sack in which to envelope the thermometer, she pressed it firmly between the arm and thorax. Then, by rapid respiration, she produced friction of the thermometer between the folds of her chemise. This she continued until she obtained the desired elevation.

Dr. Sellerbecker, in trying this himself, produced a registration of 114.4°. This effect could not, on account of evaporation, be produced when the thermometer was subject to friction by direct contact with the skin. But when the skin was very dry, in the course of three minutes a temperature of 107.3° was obtained.

It would seem from this circumstance that the temperature in the axilla, when the respirations are rapid and skin dry, should always be corroborated by the temperature in the mouth or rectum.

Rupture of Membranes in Labor.—The classical accounts of natural labor lead us to think of the membranes as possessed of a sort of intelligence and consideration—keeping themselves intact until the completion of the dilatation of the os uteri, and then, just at the nick of time, rupturing. There are few points on which the text-books are more agreed than in recommending obstetricians to refrain from rupturing the membranes, at least until this stage is reached; and, perhaps, as a general rule, at any rate in first labors, the recommendation is a good one. At the same time, it must be allowed that practical accoucheurs do not act always upon it. One of these, Mr. Plaister, in his interesting and almost too short analysis of 800 consecutive midwifery cases, is outspoken in his violation of it. He says: "I have never found any ill effects from rupturing the membranes when the os is the size of a shilling, but find that the child's head forms a better wedge than the bag of liquor amnii. I cannot recall any instance where there has been any retarding of labor through this procedure." It certainly does seem as if in many cases a good deal of uterine force is uselessly expended in the effort to rupture the membranes; this accomplished, naturally or artificially, the labor goes on more quickly, and is soon and satisfactorily over. Dr. Matthews Duncan, in his book on the Mechanism of Natural and Morbid Parturition, has given experiments which go to show that the pressure necessary to rupture the membranes is about as great as that required to expel the child. It seems reasonable to suppose that, if less force is extended in rupturing the membranes, there will be more to expel the child. Not only so. The membranes often seem so over-distended as to prevent the action and contractiou of the uterus. The force with which, on being broken, the waters are expelled is enormous,

and the increased expulsive effect on the child of the pains immediately succeeding is often very apparent. At any rate, it is certain that the accoucheur can often give the most valuable contribution to shortening a labor by the simple expedient of rupturing the membranes. We are not prepared to go so far as Mr. Plaister, and advise rupturing them when the os is only the size of a shilling; but undoubtedly there is reason for some reconsideration of the rule that forbids this procedure till the os is fully dilated.—(*London Lancet.*)

THE LOCAL USE OF SOLUTION OF QUININE IN CHRONIC IRRITATION OF THE BLADDER.—T. W. Nunn, Surgeon to the Middlesex Hospital, says in the *Lancet:* "Some few years since (summer of 1872) I commenced, in the wards of Middlesex Hospital, the local employment of quinine as an antiseptic after operation, in a case of necrosis of the tibia. For the removal of the sequestrum in this case it was necessary to clip away new bone to the extent of some inches from the anterior aspect of the shaft of the tibia. Of course, after the sequestrum, corresponding in length to the bone cut away, was lifted out, a long trough was left, in which the pus accumulated, and became fetid.

My then dresser, Mr. G. Karop, suggested quinine as a bactericide under these circumstances, in answer to my appeal to be furnished with such an agent. I appealed to Mr. Karop, as he had just returned from the Vienna school, and was, moreover, specially qualified, by his histological and microscopical labors, to respond to my request.

The result from the local exhibition of the quinine was most satisfactory. We used a solution of the disulphate of quinine, one grain to the ounce of water, the smallest quantity only of sulphuric acid that would suffice to complete the solution of the alkaloid being added. I have since made frequent use of the solution of quinine as a local application. It appears to me to be especially efficacious, either alone or combined with the bichloride of mercury or the chloride of zinc, in certain forms of soft chancre.

The most striking result, however, is obtained by injecting the solution of quinine into the bladder in those cases where the urine is loaded with pus, and is *intensely offensive;* the bladder being irritable, the desire to urinate recurring every hour, or more often, for example, where the bladder only imperfectly empties itself, or when the continual use of the catheter is called for in enlarged prostate, or in atony of the organ. Within the past few days I have been informed by a patient who has habitually had recourse to the catheter, the urine voided being alkaline and highly offensive, that the injection of the quinine solution has been followed by such an abatement of the sensitiveness of the neck of the bladder that the desire to micturate comes on now only after the lapse of six or seven hours, in place of after the lapse of every hour or hour and a half.

The following is the method of using the quinine as a bladder injection:—Dissolve twenty grains of disulphate of quinine in twenty-five ounces of water by the aid of a few drops of dilute sulphuric acid or a teaspoonful of *common brown* vinegar. Of this solution inject into the bladder two or three ounces, and let it remain.

ON OXALATE OF CERIUM IN CHRONIC COUGH.—"I have for some time used the oxalate of cerium in cases of chronic cough with shortness of breathing, with very marked success. One case under observation is a proof of its good effects as a sedative. A lady has suffered for some years with cough and difficulty of breathing, on the least exertion 'the outcome of an acute attack of pneumonia,' the cough being most troublesome in the morning on getting up—so bad as to cause sickness. I prescribed 5 gr. half an hour before rising. The physical signs observed in her case have been loud bronchial breathing, with great abdominal action, impaired resonance over lungs, with a slight dullness at the apex of left lung. The most marked physical changes since taking the ox. cerium are less noise in breathing, less abdominal action, no cough in the morning, and increased strength. I could relate other cases, but will only mention one other, it being under my care in our village hospital: a case of consolidation of the right lung. The rest given to the lung by the ox. cerium in gr. 5 doses is observable in the comfort in breathing, and the cessation of cough for twenty-four hours after each dose. The medicinal properties of ox. cerium I believe to be purely sedative, a great desideratum in the treatment of lung diseases, the difficulty being to find a drug that will not upset the digestive organs. In all cases wherein I have used the ox. cerium the only symptom observable from the use is a slight dryness of mouth."—*By Thomas Clark, L.R.C.P. and S.E., in Practitioner.*

SURGICAL TREATMENT OF BRONCHOCELE.—Professor Billroth has found that the injection of iodine is not as dangerous as was supposed. In some individuals a violent reaction occurs, in others there is none. His method is as follows: He injects first from

one third to one-half of the so-called Pravaz syringeful of diluted tincture of iodine, and, if this is well borne, in five or six days he makes a second injection of one half or a whole syringeful, repeating this twice a week. If the patient becomes thin the treatment should be immediately stopped, as the emaciation may go on to an important degree. It should also be stopped if hæmoptysis appears. In general, the injections are well borne, and exert remarkable influence. They may be tried when suffocative symptoms have appeared, if the patient is kept under constant inspection; and even in cases about to be operated upon their employment has been followed by recovery. It is essential that the iodine be injected well into the substance of the bronchocele, which may be done rapidly, the pain at the most continuing for five or ten minutes, and requiring cold applications, while in many cases it is entirely absent

In cystic bronchocele he usually injects half an ounce of tincture of iodine, after having allowed the cyst to empty itself through a canula. The puncture is sealed up, and on the third day there is a great swelling and accumulation of gas; from this moment absorption begins slowly, lasting about a year. In thirty-four cases treated in this way he had twenty-nine recoveries. The iodine is supposed to exert an alterative action upon the cells lining the cyst, and thus prevents further secretion. He has also tried incision with drainage, and stitching the wall of the sac to the skin. Three out of twelve treated is this way died, however. Of thirty-seven cases of extirpation twenty-four recovered. He finds the cartilages of the trachea so thinned by pressure that they become easily compressible, and hence several sudden deaths have taken place from swelling of the parts, giving rise to suffocation. The mortality in a series of ninety-four cases was eighteen, or about nineteen per cent. A case of goitre successfully treated by one subcutaneous injection of ergot was reported at the recent meeting of the American Medical Association.—(*Boston Med. & Surg. Jour.*)

FORMULARY.

LALLEMAND'S GOUT SPECIFIC.

A Western correspondent sends us the following formula for this preparation, which is said to be made in St. Louis, Mo.:

℞. Ext. Colchici acet.
" opii aquos. āā.....grs. xv.
Potass. iodidi.....℥ jv.
" acetatis .....℥ ii.
Aq. destill.....℥ iiiss.
Vini albi.....℥ jv.

Twenty drops three times a day.—(*New Remedies.*)

A UNIVERSAL EXCIPIENT.—

℞. Dextrine.....
Powd. Tragacanth.....āā ʒ ss.
Glycerine.....ʒ j.
Water.....ʒ ij.

Phila. Chemist.

FOR PRICKLY HEAT.

℞. Sulphur sublimat.....80 parts.
Magnesiæ oxidi.....15 "
Zinci oxidi.....5 "

M. Place the powder on a plate and press a wet sponge on it. Rub the body with the sponge, to which now adheres parttcles of powder, and continue the application for fifteen minutes. Wash the parts clean of the adhering particles.

A CARMINATIVE IN INFANTILE COLIC.

℞. Tr. Assafœtidæ.....gtt. xv.
Tr. Cinnamoni.....ʒ ss.
Sodii Carbonatis.....ʒ i.
Syrupi Rhei Aromatici.....ʒ iij.
Aquæ Fontanæ.....℥ jss.

Mix.

Dose. A half teaspoonful every three hours.

INVISIBLE INK.

℞. Oxide of Cobalt.....ʒ ss.
Muriatic acid qr. s. to dissolve water...ʒ jv.
Mucilage Gum Acacia.....ʒ j.

M. The application of heat to characters written with the above, causes them to become visible. The withdrawal of the heat makes the writing again invisible. This ink is recommended as a "postal card ink."

HAIR DRESSING.

℞. Vaseline.....ʒ i.
Salicylic Acid.....grs. x.
Oil of bergamot.....
" rosemary āā.....gtt. v.
" sassafras.....gtt. ii.

M. The *Louisville Medical News* says this is an excellent dressing for the hair, and remedy for dandruff or scaly eruptions of the scalp.

A GOOD CLEANSING FLUID.

℞. Ammonia.....ʒ jv.
White Castile soap.....ʒ jv.
Alcohol.....ʒ ij.
Glycerin.....ʒ ij.
Ether.....ʒ ij.

Cut the soap fine, dissolve in one quart of water over the fire, and add four quarts of water. When nearly cool add other ingredients. A teacupful of this fluid in a pail of lukewarm water, for dress goods. To remove grease from a coat collar, apply the clear fluid with a clean rag, and wipe with a second rag.

OINTMENT FOR ACNE.

℞. Hypochloride of Sulphur.....ʒ iss.
Carbonate of Potash.....grs. x.
Oil of bitter almonds.....gtt. x.
Lard.....ʒ j.
Vaseline.....ʒ ss.

M. Apply at night and leave on till morning, when wash off with warm oatmeal and water.

HUNGARIAN LINIMENT.

℞. Powdered Camphor.....40 parts.
" Pimento.....20 "
" Cantharides.....10 "
Flour of Mustard.....40 "
Bruised Garlic.....20 "
Mix. Digest for twenty-four hours in vinegar.....85 "
Rectified spirits.....100 "
Strain.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, JULY 25, 1878. No. 13

EDITORIAL.

HEALTH OF DETROIT.

Dr. Gibbons, of the *Pacific Medical and Surgical Journal*, writes in the July number, referring to San Francisco: "The number of deaths in May was decidedly smaller than in any month for several years past, being only 377, and exhibiting a degree of health quite remarkable. A similar healthy condition has existed for six or eight months. Many of our physicians *complain* that they have had less to do than for fifteen or twenty years."

"Healthy" is but a faint word with which to express the situation in these parts. There has been almost total absence of sickness in this city for some months, and judging from reports, things have not been much better throughout the state. Doctors are in fact so much a drug in the market that one could easily attend to the work of three and then be half starved. With this dearth of business there is also a tendency on the part of some doctors themselves to lower the scale of prices. This question of remuneration is an unpleasant one to deal with, and the lower the rates the more unpleasant; but it is the bread and butter question. A first class doctor may be had in this city for fifty cents per visit, and he will give his advice, with a prescription, for just half this amount. We say "a first class doctor," because he is a member of the American Medical Association, of the Michigan State Medical Society and of a local medical society. It is needless for us to remark that this state of affairs is beneath comment. If its debasing tendency were confined to the individual who is responsible for it, it would be of no general concern; but in so far as it debases the profession and robs it of that dignity which is its birthright, it calls for general condemnation. But let this suffice for the present; we shall refer to this matter again.

To return to the healthy condition of the city; of course there are reasons for it. Detroit is at all times a healthy city. Its streets are broad and are kept scrupulously clean. It is well supplied with sewers and these are kept well washed out with an abundance of running water, which is emptied below the source of supply into the swift current of the Detroit river. Its streets are abundantly lined with trees whose dense foliage affords grateful relief from the melting rays of the dog-day sun. The supply of water for drinking and culinary purposes is abundant and of good quality. Its markets are well supplied with food of the best quality and at low prices, and as there is comparatively little poverty, its inhabitants are as a rule well fed.

In addition to this normal condition of affairs which conduces so much to health, there has been operating for the past few years a most potent cause arising out of the hard times. Depletion of purse infuses discretion into the family head and teaches him to be moderate in all things, and more especially perhaps in the matter of drugging the youngsters for small ailments, and the consequent employment of the family doctor. The *vis medicatrix naturæ* is allowed to have its way to a degree unknown under more prosperous financial circumstances, and it is remarkable how successful this *vis* generally is when not interfered with.

There is still another cause of good health which is not to be sneezed at, although it is we fear not properly appreciated, and that is our efficient (?), *mirabile dictu*, Board of Health, which meets regularly as clock-work every two weeks, and votes that the city is healthy; for this advice an ungrateful populace allows it but $1.50 per member.

A prolonged period of the present good health must be followed by its natural effects: the medical schools must stop turning out doctors, and those who are already turned out must turn their faces towards some other vocation.

And in the midst of all this the people are happy! W. B.

The following have remitted since our issue of June 25th:

Michigan—O. B. Ranney, D. Hammill, A. C. McKenzie, O. F. Seely, U. Upjohn, J. H. Wallings, G. W. Palmer, H. Carbine, J. T. Kilborn, J. F. McDonald, G. R. Wightman, C. A. Perrin, H. C. Hawley, —— Fosdick, I. N. Eldridge, C. Mills, J. Robertson, O. B. Wiggins, J. T. Joslin, James Cannon, J. S. Cushing, E. L. Jones & Co., E. L. Cooper, H. W. Dickinson, D. E. Robinson, A. S. Martin.
Ohio—L. M. Granger, J. Helmick, Seth Mast, Geo. C. Nill, P. Kendall.
Iowa—W. A. Chapman, M. M. Clark, G. H. Grimmell, B. F. Hyatt, A. S. Carnahan, J. J. Hostetter, W. Robbins.
Illinois—G. H. Chapman, C. H. Richings. H. K. Wells, E. A. Barrett, W. S. Van Cleve, Geo. O. Rutledge, J. H. Emmons, S. P. Brown.
Missouri—T. H. B. Schooling, J. W. Smith, W. T. Evans, A. J. Bledsoe,—— Bradfield, W. C. Baird.
Kansas—S. M. Kessler, J. A. Hopkins, N. M. Smith, J. H. Bonehahe.
Pennsylvania—J. S. Sayler, J. K. Meschter, T. J. Birch, J. Dodge.
Kentucky—Wm. S. Shaw, J. W. Hunt.
Connecticut—G. H. Preston, H. Ingersoll Fisk.
Rhode Island—Willard H. Greene.
Massachusetts—Nath. Cutler, Wm. S. Place, Wm. Malk.
New York—D. E. Mason, James U. Betts, A. S. Dibble, A. Johnson.
West Virginia—D. A. Thomas.
Indiana—A. Meyers, Geo. G. Laughead, Geo. F. Keiper.
Tennessee—Wm. C. Dake.
Vermont—Geo. S. Green, E. L. Wyman.
Maryland—E. R. Tripp, S. T. Hammond.
Maine—A. M. Cord, W. B. Leavitt.
New Jersey—C. W. Stickney.
Ontario—J. M. T. Hannum, R. Jones.

ORIGINAL ARTICLES.

UNIVERSITY OF MICHIGAN CLINIQUE—STONE IN THE BLADDER, (ENCYSTED)—LITHOTOMY—RECOVERY.

By DONALD MACLEAN, M. D., Professor of Surgery.

W. H., aged 17, from Chatham, Ont., was admitted June 18th, 1878.

All the symptoms of stone were present in a very aggravated degree, and according to the patient's statements his affection had existed for at least five years. He was emaciated and nearly exhausted; temp. 104, pulse 110.

The rational symptoms of stone being so distinct, the irritation involved in exploring the bladder was avoided, and three days were devoted to preparatory treatment which consisted of the usual soothing remedies internally and externally, with milk diet exclusively, the regulation of the bowels, and the occasional administration of chloroform when the spasmodic pain appeared insupportable.

On Saturday, June 22d, the patient was placed on the operating table in the amphitheatre, chloroform administered; and then, for the first time, an instrument was passed into the bladder. Thompson's short beaked sound was used first but *no stone could be felt.* Several sounds were passed, of different forms, and by different hands, but *no stone could be discovered.* The operation of lithotomy had been determined upon, and the question now arose whether it should be proceeded with or abandoned until the stone could be detected with certainty. It was at once decided to proceed with the operation, because in the first place the history of the case and the symptoms complained of left very little doubt as to the presence of stone, and in the second place even if there were really no stone, the operation of lithotomy would have been indicated as affording the only means of relieving the intense cystitis from which the patient was suffering.

The left lateral operation was performed in the usual manner.

On passing my finger into the bladder the stone was only discovered after a somewhat prolonged search. It was firmly held in a cyst or pouch, up behind the pubis.

By introducing my finger with the palm surface upwards, the stone could be felt in its hiding place, and it could be rolled round by the finger, but its dislodgement was a matter of considerable difficulty as the finger could not get sufficient purchase on it, and I had no hook or scoop with a sharp enough curve for the purpose.

By the combined use of the scoop and my finger I finally got it down into the general cavity of the bladder and thence extracted it in two fragments with the forceps. The time consumed in the operation was fifteen minutes. Immediately after the operation, a quarter of a grain of morphia was injected hypodermically. Next day patient declared himself greatly relieved. His pulse was 78 and temperature 100¾. On the sixth day the urine commenced to flow through the natural passage, and the patient's condition was greatly improved in all respects. Pulse 78, temperature 98½. On this day a full sized metallic bougie was passed.

On July 2d all the urine passed through the urethra and a full sized bougie was once more introduced.

On this day also the operation of circumcision was performed for him in the usual manner.

July 11th. Dismissed cured, with instruc-

tions to have a bougie passed occasionally for some time.

The calculus having been sent to the chemical laboratory for analysis, the following report was the result:

CHEM. LABORATORY,
JULY 19, 1878.

PROF. MACLEAN:—The stone which you have sent me for analysis, weighs one hundred and ninety-nine and eight-tenths (199.8) grains. It has a small nucleus of uric acid, while around this and forming the bulk of the stone is oxalate of lime, and this is covered by a thin layer of triple phosphates.

V. C. VAUGHAN.

DISAGREEABLE BUT EFFICIENT—CASE IN PRACTICE.

By DONALD MACLEAN, M. D.

Mrs. S., aged 63, the mother of ten children, complained of hemorrhage from the bowels, pain, flatulence, straining at stool, with little or no result, retention of urine, loss of appetite and strength, thirst, peevishness, sleeplessness, &c., &c.

I was asked to see her about a week ago, and was prepared to find cancer of the rectum or some other grave pathological condition.

I found her with a bottle of pilules and a tumblerful of clear fluid covered by a saucer, and these she informed me were remedies which she had been taking under the guidance of a female homœopathic student, but strange to say they had done her no good.

Physical examination at once convinced me that the whole difficulty was *within* the rectum, and that it consisted in an enormous mass of impacted fœces.

A copious injection of warm soap and water followed by the mechanical withdrawal by means of a scoop of a quart or so of the mass, and this followed by another copious injection of warm water and oil, whereby two additional quarts were got rid of without mechanical aid, afforded immediate and immense relief to the patient, and all that remained to be done was to give advice as to how she might avoid such "a corner" in future.

How long it would have taken the little pills and the colorless looking fluid to have accomplished the relief of this case I am not enough of a mathematician to calculate.

MISCELLANY.

LIVINGSTON CO. MEDICAL ASSOCIATION—
HOWELL, June 19, 1878.

The third annual meeting of the Livingston County Medical Association met at the National Hotel, in Howell, at 10 a. m. The President, Dr. C. W. Haze, in the chair.

Seventeen members responded to the roll-call, and three new members were admitted. viz: Drs. Henry P. Seymour, of Byron, Andrew Blanck and Horace R. Hitchcock, of Howell.

Dr. A. C. Miller, of Plainfield, was formally expelled from the Association for having fraudulently obtained admission to membership.

The resolution which was adopted at the last meeting, constituting the entire membership of the association, a standing committee on epidemics and endemics, was further amended by the adoption of the following resolution, viz:

Resolved, that the committee on epidemics and endemics shall appoint a chairman, to whom each member of said committee shall be requested to report at least monthly, the type, character and prevalence of diseases occurring in his individual practice, and the chairman of said committee shall present an aggregate of the same at each regular meeting of the Association.

Charges were preferred by Dr. C. V. Beebe against Dr. W. L. Wells, for violations of the code of ethics of the American Medical Association, by which this association is governed. They were referred to a special committee of three to take testimony and report at the next meeting, composed of Drs. Howes, McHench and Dubois.

Dr. McHench introduced a resolution, which was adopted, requiring all members of the association invariably to charge interest on accounts after six months' due.

Dr. Hayford read a very interesting, ably written paper on puerperal convulsions, strongly favoring the use of chloroform and discouraging blood-letting, which elicited a lively discussion. A vote of thanks was most cordially tendered the Doctor for his excellent paper.

Ex-President Dr. Samuel Dubois read a paper on popular medical education. The Doctor had prepared this paper for the last year, while he was president, but it was necessarily deferred for want of time.

Officers for the ensuing year were elected as follows:

President—W. J. McHench, M. D., Brighton.
Vice President—C. V. Beebe, M. D., Howell.
Secretary—R. C. Hutton, M. D., Howell.
Treasurer—Z. H. Marsh, M. D., Howell.
On Epidemics and Endemics—Dr. C. Wiley, Chairman.
Public Health and Hygiene—Drs. Hitchcock, Howes and Hayford.
Ethics and Grievances—Drs. Seymour, Haze and Wiley.

This meeting exceeded, if possible, all previous ones in interest and usefulness in

promoting the cause of rational medicine and fraternal amity.

The Association adjourned to meet in Brighton on the 18th of September next.

R. C. HUTTON, Secretary.

ETHER WITH COD-LIVER OIL—At a late meeting of the N. Y. Therapeutical Society as reported in the *N. Y. Medical Journal*, Dr. Andrew H. Smith, from a committee appointed to investigate the subject, reported on the "Use of Ether with Cod-Liver oil." He referred to experiments of Dr. Balthazar Foster and the late Claude Bernard, by which it was demonstrated the ether has the power of augmenting the secretion of the pancreas to a remarkable degree. From this the inference is clear, the dyspepsia of phthisis being dependent on a want of secretion of the pancreas, that ether is a valuable adjunct in the treatment of these cases. Claude Bernard demonstrated also that independently of this power ether also promoted absorption. Although it is ten years since these demonstrations were made, the practical results from them have been few, either from the fact that the matter has never been sufficiently brought to the attention of the profession or that the success attained by Dr. Foster has not been attained by others. The committee was appointed to secure further experience on the point. It ascertained that ether produced tolerance in cases in which the plain oil and the various emulsions could not be borne. Whether this tolerance is owing to any property of ether additional to that which it has of preventing and correcting rancidity, is yet an open question, although the fact, that the finest oil sometimes nauseates, would seem to favor the view that its efficacy is not dependent on the latter property alone. The committee collected thirty-one cases in which a trial of the combination had been made. In twenty-six of these cases it was well borne; in five it was not. Of the twenty-six cases it noted that in twenty-four of them, either the pure oil or an emulsion had been tried, and had disagreed. The subject is one of much practical importance, and the committee is collecting material for a second report.

RECTAL ALIMENTATION WITH DEFIBRINATED BLOOD.—The Therapeutical Society above referred to has also through a committee appointed for the purpose, been making observations on the use of defibrinated blood as a food administered per rectum. The material they have been able to collect, has been confined to but six cases; the results from these however, "are sufficiently favorable to give encouragement for a further trial of the treatment, and it is with a hope of inducing members of the society at large to give it a thorough test, that the committee make this report."

The blood may be defribinated by beating with a bundle of switches and from five to ten ounces injected three times a day; as a rule it is retained without difficulty and an examination under the microscope, of the contents of the rectum after some hours, showed scarcely a recognizable blood corpuscle. Bullock's blood has been used, and in the trial cases marked improvement follows.

EUCALYPTUS IN BRIGHT'S DISEASE.—We take the liberty of making the following extract from a letter received from our old friend Dr. W. D. Stebbins, now at Santa Barbara, California:

The Doctor was called to see his sister who was ill with Bright's disease, as demonstrated by the passage of pus and casts from the kidneys, but who had passed the stage of albuminous urine. He treated her for five months, at the end of which time she was able to attend her household duties, and, also, to ride out in the carriage. His first treatment was alterative, but only to mild salivation. This was followed by a free cathartic. The alkaline plan was then adopted, and 30 drops of the fluid extract of *Eucalyptus* was given every three hours. This treatment occupied the whole time, and in the end cured the patient. Dr. Stebbins has great faith in the eucalyptus for Bright's disease, either given in the form of fluid extract or in an infusion. W. B.

YELLOW FEVER AT THE BROOKLYN NAVY YARD—Yellow fever has broken out at the Brooklyn Navy Yard, with the result, so far, of three deaths, the victims being Dr Wyckoff, assistant surgeon, I. Hanaford, nurse, and Corporal Hind. The disease was contracted on board the receiving ship "Vermont," around which some dredging was done, causing noxious exhalations. Six persons have so far been attacked and though all have had the black vomit but the three above mentioned have died.

MILK WEED JUICE AS AN APPLICATION FOR WOUNDS—Dr. G. F. Waters, of Boston, says that the juice of Milk-weed (Asclepias Syriaca) applied to the surface of a wound which has first been carefully cleaned and dried, will greatly hasten its healing. He recommends blotting paper as a means of drying the surface and for affording a subsequent covering.—(*New Remedies.*)

Death from Brain Work—The following from the *London Standard* will strike our readers as a very sensible way of putting the thing. We trust the extract may reassure those who have been laboring under apprehensions on this subject. Incomparably more rust out than wear out: When we hear that a man has killed himself by excessive brain work, we feel that we should like to have the witnesses in court, in order that we might rigidly cross-examine them. What sort of work was it? Was it brain-work pure, or was it mixed up with anxiety, worry and excitement? What were the man's habits? Did he indulge overmuch in what are called stimulants? Did he deprive himself of a just allotment of sleep? If all these questions could be asked and answered, we suspect it would be found that the man who is supposed to have died of excessive mental energy, died rather of want of fresh air and exercise, of too much firewater in some form or another, of horrible financial embarrassment, of late hours, and excitements other than those pure work breeds in the human brain.

An Antidote to Strychnia—A gentleman's favorite Skye terrier by accident took a meal of bread which had been prepared with strychnia for mice. When discovered the only sign of life was an occasional tetanic spasm. Having notes of the experiments made by direction of the British Medical Association last year, on the antagonism of medicines, and wherein it was conclusively proved that a fatal dose of strychnia could be neutralized by a fatal dose of chloral hydrate, and that the minimum fatal dose of the latter for a rabbit was twenty-one grains. The gentleman at once injected under the dog's skin forty-five grains of the chloral in solution, his dog being about twice the weight of a rabbit. In a quarter of an hour, fancying the dog was dead, as the spasms had ceased and it lay apparently lifeless, he moved it with his foot, when it at once struggled to its feet, and shortly after staggered to its usual corner by the parlor fire; it took some milk, and except for being quieter than usual, seemed nothing the worse for the ordeal it had passed through.

Sun Stroke or Thermic Fever—The *Boston Medical and Surgical Journal* claims that the treatment of sunstroke by means of the cold bath and quinine is the most successful. The quinine is given subcutaneously, as rapidity of action is necessary. One drop of dilute sulphuric acid and ten minims of water are necessary for the solution of one grain of quinine.

Prescribing by Druggists in England—There are prospects of a lively fight between the doctors and druggists in England. The former are making determined efforts to abolish the practice of prescribing by the latter, who do not propose to quietly submit to having this source of revenue shut off. The Druggists' Trade Union have resolved to raise $10,000 to fight the thing. The *Press and Circular* has this to say on the subject: Surely, to put the matter on the lowest ground, it ought to be worth the while of the general practitioners in England to invest a few shillings each to defend themselves against the competition of some tens of thousands of druggists throughout the country, who, if established in their illegal practice, will take tens of thousands of pounds each year out of the pockets of the general medical practitioners. Surely, from a public point of view, it is worth something to protect the uneducated masses from the therapeutic eccentricities of traders whose notion of doctoring is seldom confined to the conventional and usually inoffensive purge and cough bottle."

Aphorisms of Ahmed Ebu al Zamakh—The following aphorisms are translated from the original by a correspondent to the *Cincinnati Lancet and Observer*. Their *naivete* and undercurrent of sound sense give us a good opinion of Ahmed, who the correspondent tells us, is but thirty-eight years of age, and although having attended lectures at Edinburgh is not a graduate in medicine. He is the most distinguished physician in Arabia:

"In the name of the Holy Prophet! Listen O! physicians of Yemen to the voice of your master the learned Ahmed Ebu al Zamakh.

Attend ye unto the sickness and affliction of the poorest and meanest of your race, for they may be able to serve you at some future time; even such an insignificant thing as a spider rendered our Holy Prophet a service by stretching its web across the cave at Mount Thur, thus saving his life from the enemies who sought it. How much more powerful is a beggar than a spider?

Study well your books, for the physician who exposes the brazen cheek of mediocrity to the kiss of public favor is apt, sooner or later, to have his jaws slapped.

Be diligent, for, sweeter than the rose of Ghizan is the perfume of a life well spent.

Be not discouraged, for the physician who in early life pulls at the dug of adversity, will in his old age suck the hind teat of prosperity, until weaned by death.

Remember all you see; for experience,

though sometimes deceitful as a Koreish maiden, is the mother of all wisdom. A physician who only uses his eyes to read printed books, and closes his orbs to the ever open book of nature, is apt to make a poor practitioner.

Die in the faith, for the young physician starting out in practice sees success as a mirage, and often dies of thirst in the desert of despair.

Be honest. He who is not honorable in his practice, may he fall like the sand-blind dromedary into the wayside water pit.

Clearer than the crystal waters of Al Cawthar is the conscience of a pure minded physician.

Softer than the moonlight is the gratitude of a sick patient, and just about as evanescent.

May he who dealeth in quack nostrums and salves be buried with his face away from Mecca.

Beware of the physician who boasts of his cures, for his patients have gone with Azrael and are unable to speak for themselves.

The man who produces an abortion, sups in the company of Eblis.

Be gentle with pregnant woman ; for more beautiful than the Vales of Cashmere are the eyes of a safely delivered female.

If a sick man be cold he needeth the ministration of warmth ; if he be warm so let coldness be ministered to him—a cooling drink for the parched lips of fever, and warm drinks inwardly for a chilly coldness.

Sacred as the Caaba, be the honor of thy patient's wives, but consider his concubine to be even as thine own.

More fragrant than the nutmeg of Yemen, is the spicy incense of a patient's flattery.

Happy is the physician who dieth poor after having done many good works, for he shall dwell at Al Jannat near unto the Tuba, and shall eat of dates, grapes and pomegranates, and forever be caressed by the dark eyed houris.

As woman with sucking child fast not during Ramadan, so is it not well for a physician to travel on an empty belly, for he needs strength to avoid the plague and the pestilence.

Rhazes was a wise physician, but there are practitioners at Medina to-day who deem themselves wiser. Be ye not conceited in like manner.

In prescribing for a patient use your own judgment; to counsel with other physicians and old women who all have their own opinions, is to waste time, and perhaps the patient may die meanwhile from your over talking.

Grief over a patient's death is not commendable ; for if God so wills, it is not your business.

Give no betal root or opium to small children, for it is apt to cause turgesence of the brain and destroy the moisture of the organ.

Honey is good for young girls whose hearts are disordered, as it loosens the phlegm about the lung.

If you wish to be still more wise, O ! physicians of Yemen, hearken now to the second book of wisdom opened unto you."

Clinton County Medical Society—The fifth annual meeting of this body was held at the office of Dr. G. E. Corbin, in St. Johns, on the 11th inst. The officers elected for the ensuing year, are : Dr. L. W. Fasquelle, Pres't; Dr. E. Doty, Vice-pres't ; Dr. L. A. Lawrason, Treasurer ; and Dr. G. E. Corbin, Sec. "Moral Insanity" by Dr. Herres of Westphalia, and "The Importance of Frequent Urinary Examinations in Disease," by Dr. Gillam, of Elsie, were the principal essays read.

A Few Suggestions—Thanks are hereby returned to the *Louisville Medical News* for the following valuable hints :

The Michigan Medical News, in commenting on the address of Dr. Gray, before the American Medical Journal Association, is at a loss to know wherein the subject he had chosen, "the Commitment of the Insane," was germane to the occasion. We thought there was a little grim humor in the selection. We agree with our accomplished namesake upon the general interest of Dr. Gray's remarks. Dr. Brodie will deliver the address at Atlanta next spring, and the News promises that he will consider matters of direct interest to the medical journalistic fraternity. We beg to suggest to our genial friend several topics, and feel quite sure that in a choice of any of them he will not go far amiss. Here they are : "Experimentation upon advertising agencies with nitro-glycerine ; " "How to feed printers on chromos, sewing machines, patent watches, grand pianos, fluid extracts, etc. ;" "The relations (if any) between published advertising rates and what will be accepted." These for those of a business turn of mind. For the moralist, these : "Can the specimen-number man get to heaven ?" "Which is the dryest—a patent office report, sawdust, or the ordinary abstract from the German ?" "How to decline a communication pleasantly ;" "How to convince a contributor that verbal errors in printing, due to his bad writing, will not eternally damage his reputation in the eyes of the profession

noted for its scrutiny, and thirsting to obtain his views," etc. These for the present; more of a choice can not be made.

CURE OF SCIATICA BY SUBCUTANEOUS INJECTIONS OF ETHER—Dr. C. G. Comegys reports, in the *Cincinnati Lancet and Observer* the successful treatment of a case of sciatica by means of hypodermic administration of ether, and that too after almost every other thing had been tried. He gave first fifteen drops which was followed by great immediate pain, but which soon passed off. The injection in increasing doses up to thirty drops was repeated morning and evening for three days, when the patient was discharged cured. No local injury resulted. The injections were made in the ordinary superficial method and not deep.

THE JEWEL CONSISTENCY—*The American Medical Bi-Weekly* quotes the following as a sample of consistency. It is needless for us to remark that the quotation is from the *Detroit Lancet*. The Detroit College may well pray to be saved from its friends:

"Why, gentlemen, when discussing questions of principle, will descend to vulgar personalities, and consider those who differ in opinion from them personal enemies, we can not understand. Truth is omnipresent, though not always apparent, and in the search for it gentlemen do not discover it any the more readily by throwing mud into each other's eyes.

There was one point made in the discussion of this question, which we hope will disabuse the minds of some members of the profession of an error, which interested parties have striven to commit them to, viz., that the 'University War,' as it has been called, was initiated and maintained by the Detroit Medical College. *The source of this statement, and the continued stream of falsehood which has drenched the profession anent this point, is too well known to need mention: but its motive was too apparent, and the falsehood too clumsy to meet with the success that was expected.*

THE ERADICATION OF SYPHILIS AND CRIME—Dr. G. F. French, of Portland, read a paper before the late meeting of the Maine Medical Association, in which he advocates a rather summary, but on reflection a rather sensible though not a very feasible, method of eradicating syphilis and crime. He argues that both of these evils are hereditary and that it is possible after the present supply has been exhausted, to secure future immunity by striking at the *fons et origo malis*. He proposes to do this by rendering barren the female by the removal of her ovaries, and by making for males imprisonment for life the punishment for capital offences. He concurs with Prof. Gross in the opinion that syphilis is the prime cause of human deterioration, and advocates with J. Marion Sims that it like other contagious diseases should be brought under the jurisdiction of the State Board of Health.

"A syphilitic prostitute should be spayed, lest she become, like Margaret in the Jukes, 'the mother of harlots'. Syphilis, which is already a ground of divorce, ought to be a legal impediment to marriage, and it should be a crime, punishable with mutilation for any syphilitic to cohabit. And the time will come when it will be considered an outrage on society for any one to marry who has any form of severe transmissible disease."

To the latter prophecy, we say, amen! but fear it will be centuries after Dr. French and the rest of us have gone over to the majority before legislation will take any such shape.

PARAGRAPHS.

Motto for the accoucheur: C. O. D.

Oxide of zinc is recommended as a specific for the tremor of chronic alcoholism.

In the usual doses, Liquor Arsenicalis is highly recommended as a remedy in prickly heat.

Tillaux, of Paris, recently performed a successful disarticulation of the hip-joint, by means of the thermo-cautery and galvano-cautery.

A number of merchants in Canada have lately been fined for selling Paris Green. None but duly registered druggists may sell the article there. This is a question of vital importance to potato bugs.

The *New York Medical Journal*, for July 1878, gives a biliographical notice of the Proceedings of the 1875 meeting of theMichigan State Medical Society. This is enterprise with a vengeance.

On the ballot to elect a successor to Claude Bernard in the College of France, Brown-Sequard received twenty-five out of twenty-eight votes cast. M. Davaien was his only competitor.

If our exchanges but knew the pleasure it occasions us when they exhibit the good taste to quote from the MICHIGAN MEDICAL NEWS, none of them would ever fail to accord proper credit.

It is a piece of the most senseless extravagance for any one to request a "copy of our very valuable journal with a view to subscribing for the same," unless he remit the necessary stamps for the said valuable journal.

At the annual meeting of the Southern Michigan Medical Association, held at Adrian July 9th, Prof. Dunster of the University read a paper on the Prophylaxis of Puerperal Convulsions. The paper will be published in full in the next volume of the transactions of the Association, soon to appear.

Glycerine added to milk increases the specific gravity of the latter, and as it is not readily detected such addition is a favorite method with the enterprising vendor who has heretofore run great risk in resorting to the town pump for his supply of milk.

Sir James Paget has shown, that out of one thousand medical Students, twenty-three had achieved distinguished success, sixty-nine had achieved what might be called considerable success, and five hundred and seven had achieved fair success. This he says is a larger proportion of success than any other profession can boast of. He believes that as a man begins so he continues and so ends.

Quid Speculum Possit. *Lyon Medicale*—One of our most skillful practitioners had occasion recently to employ the vaginal speculum in the examination of a lady. The examination finished, he was about to withdraw the instrument, when he felt a slight touch on the shoulder. "Excuse me Doctor" said the patient; "I have long suffered from a pain in the stomach. While you are there can you not tell me what is the matter ?"

Dr. Parvin, President elect of the American Medical Association, intimates in his journal, the *American Practitioner*, that the arrangement of the late Buffalo meeting in so far as a printed order of exercises was provided, excelled that of previous meetings. We remember Dr. Parvin's presence at the Detroit meeting, and can only account for his comparison on the supposition that he has forgotten the work of the chairman of the committee on arrangements on that occasion. At the Detroit meeting a printed programme was prepared for each day and distributed on each morning, which in our opinion was an improvement on the Buffalo plan, which was that of a programme for the whole session.

The following has been received:

Your *critical* remarks in the June 24th number concerning the "First Annual Report" of the "Free Eye and Ear Infirmary," etc., wherein you say "the success of his treatment is, however, conjectural," etc., seems to me entirely uncalled for, from the fact that the report is statistical *not* clinical in character. Such is the usual order in hospital reports in this country, the only exception being in cataract operations.

A *clinical* report might savor too strongly of charlatanism, egotism, collegeism, or some other *ism* to suit *our friends*, to say nothing of modesty on our own part, and for these reasons we have seen fit to make no innovation on the usual character of such "Reports."

Fraternally Yours,

95 Fort St. W. Eugene Smith.

[Of the above reasons we consider that based on the writer's modesty, the most valid; our friend Smith has this virtue developed to a phenomenal degree.]

We have received an anonymous letter from a person who claims to be a homœopath, complaining of what he is pleased to term our "insinuations, inuendoes and squibs," on those of his ilk, and making some remarks not very complimentary to ourselves—he intimates that he is as good a doctor as we are. We cannot publish the letter because the author hides himself behind a *nom de plume*. Don't be afraid Mr. Infinitesimal; come out like a little man; bless your little soul, we wouldn't hurt you for the world. Remember what Uncle Toby said to the fly?

Keep cool. Blessed is the man who worries not. Happy the man who has nothing to worry him. Sensible the man who is not too proud to put a cabbage leaf in his hat to stave off the sun's fierce rays. Fortunate is he who hath cabbage leaves in his garden. Glad should he be who hath no inclination to look upon the wine when it is red, this hot weather. Proud should he be who is satisfied with ice-cold milk, cold tea, or the sweetened wind of the soda fountain. To be praised, the man who turns his gin-mill into a dairy during the hot spell and invites his "regulars" to drink of that which does not make a furnace of throat and stomach. Happy, thrice happy he who does not pay any attention to the thermometer during this melting season.

SELECTIONS.

Chronic Cystitis treated by strong injections of Nitrate of Silver.—The immediate symptoms of chronic cystitis are, 1st, inability of the patient to retain his water longer than a few moments, or, at most, an hour or two; 2d, the presence of tenacious mucus, mixed with more or less pus, in the urine; and, 3d, vesical tenesmus. The second of these symptoms is almost pathognomonic of chronic cystitis. This mucus, except when

mixed with pus, is almost transparent, and so tenacious that it clings to the bottom of the vessel in long stringy masses while the urine is poured off, and then, if the vessel is smooth, suddenly slips away like a mass of coagulated jelly. When this secretion is wanting true cystitis does not exist.

As essential to treatment, of course thorough evacuation of the bladder and the removal of all sources of irritation such as calculus, etc. should be attended to.

Of all the internal remedies employed by surgeons those which deservedly hold the highest place are cubebs and copaiba. In private practice I am in the habit of using an unofficinal preparation known as the compound extract of cubebs and copaiba, which is nothing more than solidified balsam combined with powdered cubebs and some other minor ingredients and made into a paste which is not disagreeable to take. Of this a pill of 20 to 25 grains may be taken two or three times a day. In whatever form the two medicines may be taken, they not infrequently disturb the stomach and bowels, and require the addition of a little opium and tannin. The best time to take the remedy is about two hours before eating. The effect on the local symptoms is truly magical, and the patient passes in a few hours from a state of despondency to one of decided exhilaration in consequence of the great and sudden relief from painful micturition. I have sometimes thought that the addition of a little bicarbonate of potassa sometimes increases the efficacy of the medicine.

As a local application, to be resorted to after internal remedies have failed, I rely almost exclusively on nitrate of silver in solution of such strength as will make a decided impression upon the inflamed membrane. Those of you who are aware of the great caution advised by nearly all surgical writers and teachers in reference to the use of this salt as an injection into the bladder, and their timid recommendation of a solution not stronger than half a grain to four ounces of fluid have doubtless been somewhat startled when you have seen twenty grains, thirty grains, and forty grains to a single ounce of water thrown into the organ with impunity, and with decided benefit to the patient.

Before entering into further details, permit me to impress upon you two or three points of paramount importance in the use of this remedy. First of all *be sure that you are dealing with a case of genuine cystitis.* Simulation of the disease, as already stated, is not uncommon in hysterical women, and irritation of the surrounding parts sometimes gives rise to symptoms which may mislead the unwary. Especially guard against the mistake of considering what is termed "irritable bladder," a condition of inflammation of the organ. You may rest assured, that, where a tolerably abundant discharge of vesical mucus is wanting, chronic cystitis does not exist. In the second place, be equally certain that the exciting cause has been removed, or at least so modified as to exert no further influence upon the disease. And, in the last place, never undertake this method of treatment unless the urethra is sufficiently large to readily admit a No. 9 or 10 catheter.

The only other instrument required besides a catheter of the size just mentioned is an elastic bag capable of holding one or two fluid ounces, and provided with a bone or hard rubber nozzle well fitted to the former.

My custom is to begin with a 20 grain solution of the temperature of the body, using at least an ounce, so as to reach the entire surface of the interior of the organ. If no decided improvement should occur in the course of a week or ten days, the injection should be repeated, increasing the strength of the solution to 30 grains. No impression having been made by this last, the strength may be further increased, until a drachm to the ounce has been attained.

An important point to determine is the length of time the solution should be allowed to remain in the bladder. This must vary somewhat in different cases. If severe pain is instantly produced, two or three seconds is long enough for the first injection. If, on the contrary, the suffering is not considerable, eight or ten seconds may be allowed to elapse.

To remove the fluid is the only requisite to keep the nozzle of the bag closely pressed into the mouth of the catheter, and to relax the grasp of the hand upon the former. in this way nearly the whole of the fluid will be drawn back into the bag, and the remainder will readily escape by turning the patient upon his side.

We shall now proceed to perform the operation. The patient has been already injected once with a twenty grain solution about a fortnight since in the ward, and we propose to increase the strength now to thirty grains.

No anæsthetic will be given, for by doing so we should fail to obtain the information which we desire in regard to the sensitiveness of the organ when the injection reaches it.

You observe that the catheter is passed with some little difficulty, owing to the stricture which is not yet fully dilated, and that the urethra is very tender. Now that it is fairly in you see mucus and pus issuing from its mouth. By means of the rubber bag we next throw in an ounce or two of tepid water and

allow it to escape. In doing this, forcible distension of the organ should be studiously avoided. While the water is flowing out of the catheter the bag is filled with the solution, and as soon as all the water is forced out by pressure made with the hand above the pubes the nozzle is tightly pressed into the catheter, and the bag immediately, but not suddenly, compressed. The pain is not excessive, but as six or eight seconds have elapsed, pressure upon the bag is relaxed, and nearly all the fluid is withdrawn. Upon squeezing it out into the bowl you notice that it has a very decided milky appearance, which is due to the partial decomposition which it has undergone in the bladder. Urine is constantly entering the cavity from the ureters, and, be as prompt as you may in the performance of the operation, a considerable portion of the nitrate is converted into chloride which is entirely inert. As already stated, I was formerly in the habit of following the injection by a solution of iodide of potassium, for the purpose of neutralizing the small quantity of the solution which is left behind, but this is entirely unnecessary, the urine which enters the organ proving quite as effective.—[From clinical lecture by Prof. T. G. Richardson, of New Orleans, reported in *Medical News and Library* for June.]

PLASTER BANDAGE—In a clinical lecture in Bellevue Hospital, lately given by Professor Frank Hamilton, the Plaster Bandage is thus summarily disposed of :

"To the Germans we are indebted for many important advances in both medicine and surgery; but in one instance the American surgeons followed the teachings of the German authorities and went a step backwards. This was by the adoption of the plaster-of-Paris bandage in the treatment of fractures of the femur. At first it was supposed to be necessary to make counter-extension by pressure upon the perineum, and, as a consequence of the plaster treatment with this in view, I have seen an enormous ulceration result, extending for several inches around the perineum, and as deep as my hand. When this idea was abandoned, the attempt was made to obtain counter-extension by means of the large muscles upon the back of the upper part of the thigh; but in a person of small muscular development this was utterly impossible to do, and in any case the plaster applications soon became so loose as to be utterly valueless in this respect. In this hospital I saw more shortening and more crooked limbs after fracture of the femur, while the plaster treatment was employed, than I ever saw before or have ever seen since. What is more, I saw three deaths actually result from it, and these have been carefully recorded in the edition of my work on fractures and dislocations. I tell you gentlemen, the introduction of this treatment was not one step, but several steps, backward. I do not speak from hearsay, but from actual experience; for three or four years I treated every alternate case occurring in my service with the plaster-bandage, and I always observed the result accurately. Now, I am happy to say, the method has fallen into general disuse here, almost all of my colleagues in the hospital having abandoned it. If you attempt to employ it in country practice, I feel quite sure that you will give it up, too, after having made trial of it about twice."

A NEW, CHEAP, AND SELF-GENERATING DISINFECTANT.—Under this title, says the *British Medical Journal*, Dr. Jonn Day, of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison-germs of small-pox, scarlet fever, and other infectious diseases, a disinfectant ingeniously composed of one part of rectified oil of turpentine and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power which is possessed by each of its ingredients, of absorbing atmospheric oxygen, and converting it into peroxide of hydrogen—a highly active oxidizing agent, and very similar in its nature to ozone. Articles of clothing, furniture, wall paper, carpeting, books, newspapers, letters, etc., may be perfectly saturated with it without receiving the slightest injury; and when it has been once freely applied to any rough or porous surface, its action will be persistent for an almost indefinite period. This may, at any time be readily shown by pouring a few drops of a solution of iodide of potassium over the material which has been disinfected, when the peroxide of hydrogen which is being continually generated within, will quickly liberate the iodine from its combination with the potassium, and give rise to dark brown stains.—*Med. & Surg. Reporter.*

IPECAC AS A HEMOSTATIC.—Q. C. Smith, M. D., in *Pacific Med. Journal* says: I would not presume again to call attention to this well-known and familiar medicine, were it not that one of our ablest writers on Materia Medica and Therapeutics, Prof. H. C. Wood, in a recent work, stated that he had never known it to be employed as a hemostatic. (*See Wood's Mat. Med. and Ther.*, p. 412.)

I have administered ipecac as a hemostatic,

in hemoptysis, frequently, for years past, and have found it the most efficient remedy in such cases. I have also used for the same purpose, ergot and pyrogallic acid, both of which are efficient remedies in hemoptysis, as well as in postpartum hemorrhage. But ipecac is certainly the better (if not the *best*) remedy in the treatment of hemoptysis; and a comparatively limited experience in its use in the treatment of postpartum hemorrhage, leads us to believe that it is a too much neglected medicine in such cases.

As a hemostatic, ipecac is an *old* remedy; but of its wonderful power and efficiency in this direction, my own opinion fully coroborates that of the great *Clinicien* Trousseau, to whose writings in this connection I would further refer.

Treatment of Burns and Scalds—By Christopher Heath, F. R. C. S.—In private practice you will find the carron-oil—lin. calcis of the British Pharmacopœia, which is made with olive-oil, and is therefore pleasanter—answer very well; but you can use zinc or any other simple ointment.

We have of late in this hospital taken to use a preparation which is the invention of Mr. Godlee, and has the advantage to be to a great extent antiseptic. This is the boracic-acid ointment, and is made up in this way.

Boracic acid in fine powder.....1 part;
White wax.....1 part;
Paraffin.....2 parts;
Almond-oil.....2 parts;

Melt the wax, paraffin, and oil with a gentle heat; then add the acid, and continue stirring until it remains of uniform consistence. Before using it should be reduced to a soft mass by rubbing it in a cold mortar.

The paraffin makes the ointment rather hard and solid in cold weather, and therefore it wants rubbing down in a mortar, or slightly warmed, and then it answers very well, and forms as good a dressing as you can have. So much for the first stage.

If you should be unfortunate enough to meet with an extensive burn all over the body, I should strongly advise you to make use of a warm bath, and put the patient, burnt clothes and all, into the bath. Hebra, of Vienna, treats his skin-patients with warm baths, and lets them sit in the bath until all the crusts soak off; and we may advantageously adopt the same plan with severe burns. Put them into the warm bath, and arrange that the temperature should be kept up. The water surrounding would float off the patient the burnt clothes and the cuticle, and you would be left with a healthy granulating surface, and possibly might thus save a patient's life.

Hydrophobia and Sexual Excitement—As to the experimental production of rabies—its generation *de novo*—experimental veterinary science, and the pathological observations of competent veterinarians in Europe, furnish some facts worth recording. Fleming reports the case of a cross-bred spaniel, five and a half months old, which had never left its mother, never went out and was naturally very quiet. When the mother became in rut, the young dog excited by the odor, became extremely agitated, and at last refused food. Three days later, being asleep, it wakened suddenly, and flew savagely at an attendant. When taken to the infirmary of an eminent veterinary surgeon in Paris, rabies was diagnosed. The animal refused all food for the next three days; on the fourth rabietic paralysis supervened; on the fifth it died. Another case of what Fleming styles spontaneous rabies, occurring under similar conditions, is noted in a late number of the *Veterinary Journal*, London. In a box adjoining the kennel of a male, was placed a female in rut, the effluvia from which caused the most ardent veneric excitation. For fifteen days—placed in such tantalizing proximity—the unfortunate animal manifested the most extreme agitation, and finally went furiously mad. Similar results have been produced experimentally by confining males near a female in rut, particularly by M. Toppolin, who describes them as so constant and decisive as to leave no room for doubt as to the agency of intense sexual or other excitation in producing rabietic madness. It is not an unfamiliar fact that rabies has been experimentally produced in the inferior animals by inoculating them with man's saliva, as well as with the saliva of dogs not rabid. A guinea-pig thus inoculated became subject to violent convulsions, which could be excited at pleasure by dashing a little water at him. A rabietic pig, which lay torpid under the severest beating, could be excited to convulsions at pleasure by flirting a piece of white paper in its face.

Treatment of Intertrigo in Children.—Dr. Wertheimer recommends the external use of a solution of corrosive sublimate, (gr. j to ℥ iij ss. of water) for the intertrigo of children, and asserts that it is the most effective of all the remedies recommended for that affection. The affected spots are covered with pieces of lint soaked in the solution. Sometimes it is sufficient to keep these compressers on for an hour at a time, three or four times a day. The curative action is very rapid, redness and exudation often disappear in twenty-four to thirty-six hours. General

symptoms due to the absorption of the drug have never been observed by Dr. Wertheimer; the danger of absorption is not great, as the applications do not, as a rule, need to be continued more than a few days. When the improvement is pretty well advanced, diachalon ointment may be substituted for the solution. (*Berliner Klinischer Wochen-Schrift—Medical Record.*)

TREATMENT OF PROLAPSUS ANI IN INFANTS.—Dr. P. Jamieson, in the *Obstetrical Journal* of Great Britian and Ireland, describes his method of treating a case of prolapsus of the rectum in a child fifteen weeks old. The gut was protruding four inches, and could be reduced only with great difficulty; but was immediately projected again, with violent straining and tenesmus. The appearance and condition of the child gave evidence of extreme suffering. Dr. Jamieson replaced the intestine and introduced his finger till the tip of it touched the point of spasmodic contraction. He then bade the mother to do the same thing, and force the point of the finger within the stricture, and keep it there four hours continuously—the child having been placed under the influence of morphia. At the end of that time the intestine retained its place on the removal of the finger. During the ensuing twenty-four hours it slipped out five times, but was immediately returned by the mother. A complete cure was eventually effected by this means.—*Pacific Medical and Surgical Journal.*

LOCUST OIL—*Druggists' Circular.*—Analysis and examination of the dead Rocky Mountain locusts, by the U. S. Entomological Commission, show that these insects furnish a new oil which will be christened *Calaptine*, and a very large percentage of pure formic acid. Though this acid exists in the ant and some other insects, it is with difficulty obtained in large quantities; whereas, by the action of sulphuric acid upon the locust juices, it passes off with great readiness, and in remarkable quantity and gravity. The various uses of this acid as a therapeutic, etc., are capable of great and valuable extension, when it can be obtained so readily and in such quantity.

ICE IN THE RECTUM IN CHLOROFORM NARCOSIS.—According to Dr. Baillee there is no more active remedy in the narcosis caused by chloroform, than the introduction of a piece of ice into the rectum. A moderate pressure suffices to overcome the resistance of the sphincter. The ice melts in the rectum and immediately a deep inspiration is produced, the precursor of natural respiration, and of the re-establishment of the cardiac functions. Dr. Baillee recommends the same means in apparent death of the newborn.—*Gaz. des Hospitaux—Can. Jour. Med. Science.*

FORMULARY.

ENGLISH PATENT LEATHER VARNISH.

℞.	Ivory-black	6 parts.
	Molasses	2 "
	Rape-oil	1 "
	Sulphate of Iron	1 "
	Water	8 "
	Hydrochloric Acid, comm	1 "
	Sulphuric Acid, comm	1 "

—(*New Remedies.*)

DIARRHŒA MIXTURE.

The following formula is original with Dr. Wm. Gould, of Buffalo, N. Y., where it has proved so efficacious and popular that it is kept in stock by a number of pharmacists.

℞.	Tr. rhei comp	ʒ j.
	Tr. opii	ʒ ss.
	Tr. camphoræ	ʒ ij.
	Aq. ammoniæ	ʒ j.
	Ol. menth pip.	ʒ ss.

Mix. Sig: a teaspoonful in hot sweetened water. Repeat as often as necessary until relieved.

—(*Ibid.*)

PULVIS SENNÆ COMPOSITÆ.—New York Dispensary.

℞.	Pulv: Sennæ.	
	Potass. bitart.	
	Sulphur Sublim. ãã	ʒ ij.
	Pulv. Zingiberis	ʒ ij.

Mix. Dose: a teaspoonful.

SAFFRONIZED TINCTURE OF OPIUM.

℞.	Laudanum	16 parts.
	Saffron	6 "
	Cloves	1 "
	Cassia bark	1 "
	Sherry wine	152 "

Prepare by digestion.

This is recommended as an application several times a day to nasal polypi.

—(*Naphey's Surgical Therapeutics.*)

FOR INFANTILE DIARRHŒA.

℞.	Aq. Calcis	gtt xxx.
	Aq. Fœniculi	gtt xl.
	Syr. Catechu	gtt xv.
	Tr. Opii	gtt j ij.

Mix.

FOR FRECKLES.

℞.	Powd. Sulphophenate of Zinc	1 part.
	Oil of Lemon	1 "
	Pure Alcohol	5 "
	Collodion	45 "

Mix.

FOR FOLLICULAR TONSILLITIS—

℞.	Potas. Chlor.	ʒ i.
	Spits. Ætheris nit.	ʒ ss.
	Tr. Guaiaci	ʒ vi.
	Syr. Aurant. Cort.	ʒ vj.

Mix. Sig—a teaspoonful every two hours in about a tablespoonful of water.

WATERPROOF PAPER.—A nice article, transparent and impervious to grease, is obtained by soaking good paper in an aqueous solution of shellac in borax. It resembles parchment paper in some respects If the aqueous solution is colored with aniline colors, very handsome paper for artificial flowers is procured.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, AUGUST 10, 1878. No. 14

ORIGINAL ARTICLES.

THE DOMESTIC FILTRATION OF POTABLE WATER.

BY ALBERT B. PRESCOTT, M.D.

For many years the purity of waters supplied to the public by city works has obtained such investigation as growing science could sustain. Within a shorter period, the contamination of the well at the door-stone, often revealed by analysis, too often after disease had pointed the inquiry, has awakened physicians and their people to greater vigilance. Meanwhile, it seems to me, more attention might well be given to the purification of rain water, river water, etc., by that simple means, everywhere and at once cheap and available, the use of a portable filter with a good bed of pulverized charcoal in layers with gravel. I do not disparage filters set in cisterns or reservoirs. If made on right principles they may do the work expected of them. They have an advantage of permanence and uniform supply without daily attention, but they are much more liable to failure from neglect of the true conditions of filtration than the simple movable filters manufactured for sale.

Some of the definitions and conditions of *a good water filter* may be given as follows:

1. It must be more than a strainer and remove more than suspended matters. A brick partition (of bricks mortared edge to edge) in the cistern or reservoir makes a good strainer, removing undissolved matters, but not much else.

2. It must remove from the water the dissolved colloids—the organic matters. The power of a bed of powdered charcoal, especially bone charcoal, to withdraw coloring and other colloid matters, is familiar in manufacturing operations.

3. The good water-filter, instead of becoming filled with the organic matters it removes, causes their prompt *oxidation*. To do this it *must have air*. A filter constantly submerged under water can act only with the attenuated oxygen dissolved by the water, and cannot effect half the oxidation it would if exposed to the air for the greater part of the time. Without oxidation of its gatherings, a filter can render only a brief service.

Last year, at the chemical laboratory of Michigan University, I had a series of water-analyses made to measure the effects of common, portable, charcoal and gravel filters. Estimations of the organic matter (by Wanklyn's method) and of chlorine and other constituents were made, before and after filtration, upon ten samples of water.*

Taking Wanklyn's "albuminoid ammonia" as a fair measure of nitrogenous (most putrescible) organic matter, I quote here the following results:

Parts of "Albuminoid Ammonia" in One Million Parts of Water.

Waters.	Before Filtering.	After Filtering.	Removed by Filtering.
No. 1.	0·30	0·01	0·29 or 96 per cent,
" 2.	0·14	0·06	0·08 " 57 "
" 3.	0·07	0·07	0·00 " 0 "
" 4.	1·14	0·57	0·57 " 50 "
" 5.	1·90	0·10	1·80 " 94 "
" 6.	0·40	0·10	0·30 " 75 "
" 7.	0·50	0·03	0·47 " 94 "
" 8.	0·38	0·06	0·32 " 84 "
" 9.	0·30	0·04	0·26 " 86 "
" 10.	0·06	0·01	0·05 " 83 "
Mean.....			0·41 " 72 "

Four filters were used in these different filtrations. Except the filter used for No. 4, all the filters had been exposed to the air (the water drained off) for at least two-thirds of the time. No. 4 was by a submerged filter, constantly covered with water, which was drawn off at the top. It had been in use only two or three months. It removed, it will be seen, only 50 per cent. of the organic matter indexed before filtering. For No. 1, the filter had been in daily use for eight months, submerged but a small part of the time, and 96 per cent. was removed. Nos. 3 and 5 to 10 were filtered consecutively, at intervals of a few days, through a new filter, the bed being 28 inches deep and 16 to 18 inches in diameter. At the top was a three-inch layer of pebbles, then an eighteen-inch layer of mixed charcoal and pebbles, then an inch of pebbles, and last, about six inches depth of charcoal, retained by wire cloth at the reservoir. The charcoal was from hard wood and was coarsely pulverized. It was a common filter, a sample of the others used

*The operations were done by Messrs. Reed and Hauck, and for the details of results I must refer to a full report in the *Chem. News* (London), March 15, 1878, p. 107.

and of those on sale. In the case of Nos. 2 and 3, the proportion of nitrogenous organic matter was so small before filtration that the work of the filter can hardly be judged by the results. The trace, 0·07 part per million, did not appear to be at all removed; and of the small impurity, 0·14 part, only 57 per cent. was removed; while of the heavy impurity (No. 5), 1·90 parts, so much as 94 per cent. was taken away. Excluding Nos. 2, 3 and 4, the average removal by good filters, with decidedly impure waters, is found to be 87 per cent. of the nitrogenous organic matter.

The oxidizing power of a finely porous filter-bed ought to be emphasized. Everybody knows numerous illustrations of it. The spongy platinum of the hydrogen lamp; the ignition of fresh charcoal first plunged in sulphuretted hydrogen gas and then in oxygen; and the combustibility of iron reduced by hydrogen. Water is purified by oxidation in the swift current of a river. The organic matter of water is so far diminished and changed by the most careful evaporation to dryness that this is a great objection to Frankland's otherwise correct process for estimation by ultimate analysis.

When filter-beds are placed in cisterns, the one most important condition is that the bed shall not remain submerged when not actually engaged in filtration.

The question of the need of "hard water" to supply the body with earthy basis is one aside from this subject. Without giving an opinion, where it seems to me that more investigation needs to be made, I may ask if there is much reason to assert the insufficiency of the earths contained in our ordinary food. That phosphates, for bone building, are often deficient in our food is doubtless true. But hard water does not furnish "phosphates."

University of Michigan, July 27, 1878.

RUPTURE OF MEMBRANES IN LABOR.

BY EDWARD WATSON, M.D.

In a recent issue of your paper is an article concerning the rupture of membranes in labor. The advice of Mr. Plaister, to rupture the membranes when the os is the size of a shilling, is good practice. However, if the membranes are ruptured as soon as Mr. Plaister advises, and the case is left to nature as much as is too often the practice with the great majority of practitioners, the labor might be greatly retarded; yet, under no circumstances should the membranes be left to rupture themselves; they may rupture early and everything go well, but they will often cause perhaps hours of delay and exhaustion to the patient.

The membranes should invariably be ruptured as soon as the accoucheur is satisfied that the time has arrived for actual labor. If the pain is regular and the os will barely admit of the finger, and during pain the membrane can be felt to press ever so slightly, the finger should be left in contact with the membrane and a sharp probe passed along the finger, with which, during a pain, the membrane, as it presses against the finger, should be scratched. Should this not rupture, wait for another pain and complete the work, after which do not go off and leave the patient any length of time, but remain constantly at her bed, and with the fingers constantly in the os, and especially during pain press the os open, using force, and thus assist greatly in dilatation.

The accoucheur should never leave the bedside of a woman in labor, except occasionally for a moment to give her an opportunity to change her position, or to attend to some real or imaginary call of nature.

By this practice he will earn his money by hard work, and besides saving lives of women and children, he will often save his patients hours of anxious suffering.

Sioux Falls, Dakota Ter.

ARRESTED DEVELOPMENT OF THE INTESTINES.

REPORTED BY WM. PARMENTER, M.D.

A female child born in this village on the night of July 1, 1878, apparently well developed, was found in a day or two to have nothing pass its bowels except at first a little meconium, and afterward, by the use of enemata, a little mucus. The anus was perfect and the rectum admitted a probe for an inch and a half. This state of things continued until the morning of the 6th, when the child died, having in the meantime exhibited great abdominal distress with vomiting of food, and, finally, of fæcal matter, the bowels becoming fully distended with gas.

A post-mortem examination revealed the fact that there was a lack of development of the small intestine at about the supposed junction of the jejunum and ileum, for the space of four inches. Above this point the intestines were distended to the utmost with gas and a small quantity of fæcal matter, while below, both ileum and colon, with the rectum, presented the calibre of a crow's quill, and were of a uniform appearance in all respects. The ileo-cæcal valve was intact

and there was a normal development of the appendix vermiformis. In the vacant space there was apparently nothing to connect the upper with the lower portion of the bowel but the mesentery, the opposite surfaces of which were in contact, presenting no canal, except at two points in a line between the upper and lower parts, of about a third of an inch each, and separated from each other by a like space.

Neither a probe nor any air could be made to traverse this space of four inches. There was entire absence of anything discernible in the shape of intestines but the mesentery.

The mother had suffered severe attacks of abdominal pains frequently during her pregnancy—the only circumstance, *ante hoc*, to which this arrest of development can be traced.

Vermontville, Mich., July 29, 1878.

MISCELLANY.

Michigan State Board of Health.—The regular quarterly meeting of this body occurred July 9, 1878, at Lansing, all the members being present, as follows: Dr. R. C. Kedzie, President; Dr. H. O. Hitchcock, Dr. H. F. Lyster, Hon. LeRoy Parker, Rev. D. C. Jacokes, and Henry B. Baker, Secretary.

The subject of a test book on hygiene for common schools was discussed. No member of the Board had seen a book suitable for such use, and it was thought very desirable that one be prepared.

Dr. Hitchcock then offered the following resolutions, which were adopted:

Resolved, That this Board respectfully requests the Board of Regents of the University of Michigan and the Trustees of the Detroit Medical College to establish in their respective institutions, at the earliest practicable moment, full chairs of public hygiene, and fill the same with thoroughly competent professors.

Resolved, That this Board respectfully request the controlling boards of all the collegiate institutions as well as the high schools of the State to see that a course of instruction in public hygiene be given in each of their several institutions.

Dr. Lyster mentioned that in the interest of public health he had delivered a course of lectures before the medical class of the University of Michigan during the past six months. He presented a syllabus of each lecture delivered.

Dr. Kedzie presented some results of his investigations on the subject of lead poisoning by the use of tinned ware and other vessels containing lead.

He regarded tin as the cheapest and safest metal for use in cooking. The only salt of this metal which is actively poisonous is the chloride and there is no danger of its formation in domestic use. Tin, however, although cheap is some times adulterated with a still cheaper and a very dangerous metal viz., lead. It is owing to this adulteration that many of the obscure cases of lead poisoning are due. Suspected metal may be tested as follows: Place a drop of strong nitric acid on the tinned surface and rub it over a space as large as a dime, warm it very gently till dry, and then drop two drops of a solution of iodide of potassium on this spot. The bright yellow iodide of lead will form on the spot if it contains lead.

The subject of sanitary conventions was considered and after some discussion in regard to the kind of subjects to be treated, and their mode of treatment, it was voted to hold such a convention at Coldwater, Mich., during the coming winter, being invited to do so by J. H. Beech, M. D., of that city. The Secretary was directed to make the necessary preparations.

Invitations were also received to hold conventions at Pontiac and Detroit, from Rev. D. C. Jacokes and Dr. Lyster, who on behalf of the citizens of their respective cities, promised active efforts for the success of such meetings.

One interesting feature of these meetings is expected to be the exhibition of all sorts of sanitary appliances, a kind of sanitary fair where all interested can exhibit or examine articles designed to meet the wants of the people in their efforts for public and private health.

The Secretary presented a communication on typhoid fever, from George Chapman, M. D. of Hudson, which will appear in the annual report for 1878.

An account of an outbreak of scarlet fever at Michigamme, Marquette Co., and of the energetic and apparently effective means employed for its restriction, received from J. R. Curley, Clerk of Michigamme Township, was presented.

A communication from George Voorhees, M. D., of South Bend, Ind., giving an account of the fatal burning of a young lady in that city, by the Rose burning fluid, was read. In that connection Dr. Kedzie called the attention of the Board to the fact that the Ohio Legislature had followed the example of Michigan, having passed a law for the inspection of illuminating oils, similar to, though not quite as good as the one in Michigan, secured through the efforts of this Board.

After the transactions of some other routine business the Board adjourned to meet again Oct. 8th, 1878.

EXAMINERS IN MEDICINE IN UNIVERSITY OF MICHIGAN.—Dean Palmer, of the University of Michigan, makes the following special announcement: At a meeting of the Board of Regents held June 25th, 1878, a recommendation made by the "Committee on the Medical Department" was adopted. Said recommendation provides for the appointment annually, by the Board of two Homœopathic Physicians of the State, who jointly with the Faculty of the *Homœopathic College* shall "have SOLE CHARGE of all examinations in said Homœopathic College."

From this it will be seen that none of the Professors of the Faculty of the Department of Medicine and Surgery are any longer required to examine any student of the Homœopathic College, or to make any statement, or to afford any evidence of any kind to be used toward their graduation in Homœopathy, or for any other purpose, or to take cognizance in any way of students in exclusive or sectarian medicine.

DIFFERENTIAL DIAGNOSIS OF PLEURITIC EXUDATIONS.—According to the observations of Professor Baccelli, of Rome, (*Berlin Klin. Wochenschrift*), if, while the ear is kept exactly applied to the walls of the chest, the patient is made to pronounce the word "trentatre," almost in the same manner as he would the number "trente-trois," the following facts will be elicited: 1. The word is clearly heard (even if pronounced in a loud tone) if the pleura contains a large quantity of clear serum, rich, however, in albumen. 2. That this same transmission of the sound is only slightly impeded by the presence of inflammatory effusion which is rich in fibrine. 3. That the word is no longer audible if there is an abundant exudation of sanguineous or purulent fluid.

NOTE.—The *American Medical Bi-Weekly* very pointedly asks, what is to be done with this lunatic?

BOOK NOTICES.

ON THE THERAPEUTIC FORCES.—By Thomas J. Mays, M. D., of Upper Lehigh, Pa.; pp. 144. Philadelphia: Lindsay & Blakiston.

This author believes that therapeutics is entitled to a place among the exact sciences, that its claims are just as legitimate as are those of physiology. Believing this he aims to trace the laws which govern it. He has undertaken a difficult task, even admitting that he is correct in his premises. We have not the space to devote to a criticism of his views, but the subject is one in which no medical man can fail to be interested, and as the book is a small one and not expensive, it will repay any one to possess himself of Dr. May's views.

We have received, with the compliments of the author, a reprint of an article by Dr. E. W. Jenks, of this city, in the *American Journal of Obstetrics*, on the "Postural Treatment of Tympanitis Intestinalis following Ovariotomy." The treatment consists in standing the patient on her head, and in a case cited succeeded after all other means had failed and the woman was nearly moribund.

PHYSICS OF INFECTIOUS DISEASES.—By C. A. Logan A. M., M. D.; pp. 212. Chicago: Jansen, McClurg & Co.

This modest little work was suggested by the experience of its author during his residence in Chili, as U. S. Minister to that republic. He found that infectious diseases are comparatively unknown there, and in meditating as to the cause of this freedom he was led to consider it as lying in the physical configuration and volcanic disturbances of the country. The work is devoted to a consideration of these physical peculiarities and to a line of treatment deducted from effects which he traces to such causation.

The title of the book is not an attractive one to the general practitioner, but this should not deter any one from examining Dr. Logan's views. There is much in them of practical interest, and which will well repay a careful study of them. The book is one in which those interested in the department which is latterly becoming known as "Public Health" or "State Medicine," will be particularly interested.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY.—By J. M. Carnochan, M. D., with illustrations drawn from nature. Quarto; price 75 cents per number. New York: Harper & Brothers.

This work is being issued in quarterly numbers, the first three of which are now out. We anticipate, from what has already appeared, it will prove one of the most valuable contributions to American surgery. Its author was formerly Professor of Surgery in the New York Medical College, and is accorded a high rank among the surgeons of this country. The style of the work is new. The illustrations are lithographs taken from nature, and are admirably executed. The first and second numbers contain lectures on the study of the science of surgery, and treat of the inductive method of research now so much in vogue among the scientists of the present day. They contain also chapters on the treatment of

Elephantiasis Arabum by ligature of the arteries, and on ligation of the common trunk of the femoral in secondary hœmorrhage following amputation of the thigh. Number III is devoted to the consideration of amputations of the lower jaw and to shock and collapse.

The work does not aim to be a general treatise on surgery so much as to present particular facts in operative surgery and to treat of these in the most exhaustive and practical manner. It is not too much to say of it that no surgeon's library will be complete without a copy of it. Its appearance in numbers and at the reasonable price asked for it should create for it a large demand.

INJURIES OF THE EYE AND THEIR MEDICO-LEGAL ASPECT—By Ferdinand Von Arlt, M. D., of Vienna, Austria. Translated by Chas. L. Turnbull, M. D. Philadelphia: Claxton, Remsen & Hoffelfinger.

At the present time, when the science of ophthalmology is so fully recognized by the profession in general, and suits for malpractice are so fashionable, this valuable little work will be found in the library of every practitioner if he consults his own interests or the welfare of his patients. The work is the fruit of a long and vast experience acquired at the head of the great ophthalmic *cliniques* of Prague and Vienna, by one of the recognized and universally esteemed masters of modern ophthalmology.

The eminently practical character of all of Professor Arlt's writings is a sufficient guarantee of the value of the work. The hearty thanks of the profession are due to Dr. Turnbull for his liberal translation of the original work, whereby practitioners not conversant with the German are enabled to add to their library a work so valuable. E. S.

PARAGRAPHS.

Dr. Skene, of New York, has made some experiments with the microphone in the detection of the fœtus in utero. He is satisfied that this instrument may be made useful in diagnosis of pregnancy and in the detection of uterine fibroids and other morbid growths.

Karl Rokitanzky, Prof. of Pathological Anatomy at the University of Vienna, died at Vienna, July 23d. He was born at Königsgratz, Bohemia, February 19th, 1804. He was the founder of the "New Vienna Medical School," in which he was surrounded by a galaxy composed of such names as Skoda, Oppolzer, Hebra, Schell, Dietrich, Hamernjk and others. But Rokitanzky was the noblest Roman of them all.

TREATMENT OF RHEUMATIC GOUT.—By a sufferer:

"Try lemon juice, or colchicum,
Unsweetened gin, or Bahia rum,
Or with gout pills your stomach cram,
Or mustard seed.
You might as well just suck your thumb—
You won't succeed."

Dr. Edward Noakes, in the *Practitioner*, says that a dose of camphor has repeatedly in his hands, proved antidotal to the sickness caused by smoking.

Indigo is used in Mexico in obstinate infantile diarrhœa. It is given in doses of 40 to 50 centi-grammes, (7 to 9 grains).

There is said to be generated in over-driven and exhausted cattle, a poison which often produces eczema on the skin of those who handle it. It behooves us therefore to be guaranteed that our butchers are humane persons, lest haply that acid find its way into our stomachs.

Dr. Guyol, of Paris, after careful calculation, estimates that during sixty years of life the heart pulsates 2,269,800,000 times; during eighty years, 3,007,040,000 times; and during a hundred years 3,792,550,000 times.

NO STIMULANTS.—The other day a physician to a patient enquiring, "What ought I to take, or to do, when my feelings of exhaustion come on?" replied, "Go and lie down like any other beast."

Professor Virchow, who has, in addition to his scientific labors, been a very active politician and statesman, has declined to go back to the Reichstag. In addressing his constituents, he remarked, "Perhaps you may think me a good enough politician, but for myself I think I am a better *savant*. I am convinced that in this, my real province, I can be more useful than in the Reichstag."

The Western doctor who has his card painted on the drop curtain of a theatre has a rival in the West Bay City doctor who, according to a correspondent from that place, "has a flaming colored glass sign conspicuously posted in front of one of the chairs in a barber shop." Who says there is no advance being made in medicine?

Dr. John H. Packard in a recent article, advocates the adoption by the authorities of the plan they have in his city, Philadelphia, of killing dogs, as a painless and pleasant method of shuffling the coil off condemned criminals. This plan consists in poisoning by means of carbonic oxide. A man thrust into a chamber filled with this gas would live about five minutes, by computation.

Sulphuric acid is said to be an antidote to carbolic acid. It forms with the carbolic acid sulpho carbolic acid which is innocuous. It may be administered in one part sulphuric acid ; gum water, 200 parts ; and syrup, 30 parts. Of this mixture a tablespoonful may be taken every hour.

A correspondent has treated us to a number of clippings from a local paper, in which the exploits of a certain local physician are set forth. Few country editors can boast such a knowledge of anatomy as these clippings indicate. The internal plantar nerve, uterine fibroids, clavicle, etc., are referred to with a freedom which argues great familiarity with these things. The editor of the local paper at Richmond, Mich., must be a versatile genius.

The "open air" treatment of wounds is meeting with its advocates. It is said to be extensively in vogue in Russia where dressings are dispensed with and the air allowed immediate contact. It is claimed by the advocates of this plan that Lister's treatment is useful only in that it renders innoxious the pernicious material of dressing, and that the plan of freedom from dressings and open contact with air is followed by better results than any other.

To convert grains or minims into centigrammes, multiply them by 6; to convert drachms into grammes, multiply them by 4; to convert ounces into grammes, multiply them by 32. For instance:

			METRIC.	
℞	Quiniæ Sulph.....grs.	xxx	1	80
	Acidi Sulphurici dil.....	℥ iss	6	00
	Ferri Sulphatis.....	℥ ss	2	00
	Mix. Aq. Fort.....	℥ iij	96	00

It will be well for our readers to familiarize themselves with this, for the time is coming, and even now is, where ignorance thereof will be culpable.

Dr. Eugene Smith sends us the following, anent our discovery in him of the rich vein of modesty referred to in our last: "I assure you, gentlemen, that such flattery affords me no slight gratification. Ten years association with the Detroit profession and particularly with the Detroit Editors of the *News* (proverbially modest) readily accounts for the 'phenomenal degree' of absorption on my part."

Phenomenal Absorber! Never sponge absorbed more readily nor aught else retained more tenaciously. Modesty like virtue being its own reward, our friend has within him a perennial fountain of sweetest joy. Happy Smith!

SELECTIONS.

Heredity in Alcoholism.—M. Taquet, a recent lecture, says: Other things being equal, the hereditary transmissions, to whatever order it appertains, will be more surely by the mother than by the father. The hereditary influence of the mother is noted by Esquirol in the physiognomy, in the conformation of the body, the habits and predilections. Baillarger and Dagonet support this, and Gintrac says: "The mother exercises a double action—one which she shares with the father in the conception, the other which is proper to her, and which depends upon the relations established during the intra-uterine life between her and the product of conception. For this reason, intemperance in the female, if it be not passing, will have in all cases exceptional gravity. The children of female drunkards, if they escape the morbid influences which compromise their existence in the womb of their mother or at birth, are often idiots, imbeciles, insane, or epileptic. These divers affections are the consequences of cerebral congestions, of hemorrhages into the membranes or nervous substance, of encephalitis, of softening chronically, determined by the abuse of alcohol by the parent." Of all the manifestations of alcoholic heredity, epilepsy is believed to be the most important and the most common. * * * That alcohol carries into the composition of the fecundating material modifications of which we are ignorant, must be admitted. In fine, we would point out hydrocephalus in the offspring following alcoholism or simple drunkenness in the parent. The children of drunkards are not all of necessity idiots, lunatics, or epileptics, but there are few that present nothing abnormal; and in those of seeming freedom the germ may be late in developing itself. It is not rare to find precocious cerebral excitement displaying itself most frequently in a good memory. They are parrot-like, and display a remarkable aptitude for some particular pursuit. It will, however, often be found that they do not fulfill the promise of their early years, seeming to have produced in their youth all of which their organization is capable. Some find their way early to jail, others are eccentric in all their ways and beliefs, and constitute the class of pretentious imbeciles. Nature would seem to have a horror of the anomalies and monstrosities that alcoholism induces, so that it often rejects from the womb.—(*Journal of Inebriety.*)

Treatment of Spinal Abscess.—In a clinical lecture published in the *Medical*

News an Library, Dr. S. W. Gross discusses the various methods of treating spinal abscess. It is considered necessary by some, and, in fact, it is the customary plan to evacuate the abscess by a valvular incision or by pneumatic aspiration, the object being to avoid the admission of air into the interior. Numerous operations have convinced Dr. Gross that the untoward symptoms which are apt to follow are not due to the entrance of air, and that, consequently, the customary method of getting rid of the pus, and even the antiseptic plan, have no especial merit. He regards the acute inflammation of the sac, which follows its opening, as caused by the loss of support of its walls, through which rapid nutritive changes ensue from diminution of the resistance of its vessels to the increased pressure of the blood, and through which the cyst itself is subjected to injury. This view, therefore, suggests the following indications in treatment: First, To afford rest to the sac by supporting its walls; and secondly, to tranquilize the system at large and control morbid action by the free use of anodynes. To fulfill the first indication, after a free incision, whereby any detached fragments of bone as well as the pus may be evacuated, adhesive strips, about one inch in width, are applied over the empty abscess in such man ner that each succeeding one shall envelop one-half of the preceding one, care being taken not to embrace the entire body or limb, as the case may be. An opening having been made in the dressing so as to admit of free drainage, a large, soft, flat, moist sponge is confined over the parts by a couple of adhesive strips and a roller, and kept wet to promote its expansion, whereby gentle, equitable, and systematic pressure is steadily maintained. This dressing may be removed as soon as the granulating process has sufficiently advanced, as indicated by the change in the quality and in the diminished quantity of pus. The second indication is met by the administration of opium in full doses for the first five or six days after the evacuation of the abscess, and by tonic and sustaining measures.

Direct Injections into the Bladder Through the Urethra—The beneficial effects of medicated fluids on the diseased bladder is frequently offset by the irritation of the plan of administration by means of the catheter. Dr. Bertholle (*Gazette Hebdomadaire*) suggests a method by means of which this irritation may be avoided. He being himself subject to an inflammation of the membranous portion of the urethra, practiced it on himself for eighteen months. While the plan may be original with Dr. Bertholle, he is not the first who suggested it. Dr. Hunter McGuire, of Richmond, Va., described it in the *Va. Med. Monthly* for July, 1876. It is as follows: The patient sits on the floor with his back against the wall, the thighs abducted, the knees turned out and the feet turned in. An irrigator with a tube is placed on a bench near by. To the end of this tube is fastened one end of a movable connecting piece provided with a stop cock, the other end being when occasion requires, fastened to the canula intended for insertion into the urethra. The catheter is of hard india-rubber about five inches long, and rather less then a quarter of an inch in diameter. It is well oiled, and inserted into the urethra, and the patient holding the urethra and canula firmly with the left hand, can easily regulate the flow of fluid by the stop cock. When the latter is opened the water enters the bladder without the patient's being conscious of its entrance. The water should be luke warm. The best time for employing the injection is just before going to bed. A single injection will dilute the urine and deprive it of its irritating quality.

Treatment of Naso-Pharyngeal Catarrh.—Cleanliness is one of the important features in the treatment of catarrh of the nose and pharynx. The most efficient instruments for the application of local agents are the spray-producer and catarrhal or post-nasal syringe, assisted by the occasional use of the probe. The douche is inefficient and unsafe, under any circumstances, on account of its liability to flood the drum cavity, an occurrence often attended with fatal results. It may terminate in partial or total loss of the power of audition. The agents to be used in the treatment of catarrh are numerous; to mention them all would be out of place and a waste of time. A few well-selected remedies are sufficient to meet the demand in all ordinary cases. Cleansing and soothing astringent agents are most frequently indicated. Among the list of cleansing agents, muriate of ammonia stands first, bromide of potassium next, and then chloride of sodium. All of these possess the power of dissolving the secretions that accumulate in the nose and pharynx; hence in them we find our first valuable assistant in cleansing. The pain produced by the ammonia and potash salts are about the same; that produced by the potassium salt is of the shortest duration. This, however, is to be accounted for by the latter being a local anæsthetic. In the absence of the others, common salt is a very efficient cleansing agent. The strength of the solutions may be varied from five grains

to the ounce of water to a saturated solution. The strong solutions are very painful, and unless finely comminuted, are only applicable to a certain class of cases. As a soothing astringent, I think there is nothing to excel a combination of carbolic and tannic acids dissolved in one part of glycerine and three of water. The quantity of either acid may vary from one to ten grains to the ounce of vehicle. This combination, used with the atomizer or post-nasal syringe, produces a cooling, pleasant sensation, and the patient is comparatively comfortable for three or four hours. Where there is an eczematous condition of the nasal mucous membrane or a very dry pharynx, from two to ten grains of iodine dissolved in one ounce of glycerine is an excellent application; where there is a demand for disinfectants, the liquor sodæ chlorinatæ is one of the most efficient. From ten to thirty minims of the solution to the ounce of water is sufficiently strong. It may be applied two or three times a day in the same way as other solutions. Hydrate of chloral, from five to twenty grains to the ounce of water, is also an excellent antiseptic, and possesses a peculiar soothing property that is very desirable in many cases. In cases where there are specific complications, the constitutional treatment will be governed by the symptoms manifested in each individual case. In those cases where the membrane is much thickened and dry, and particularly in those cases of proliferous inflammation, the iodide of potassium is an important adjunct to the local treatment.—(*Dr. M. F. Coomes in American Bi-Weekly.*)

Pancreatine—Its Therapeutics.—Dr. J. S. Hawley, in a paper read before the King's County Medical Society and published in the *Proceedings* of that body, discusses the physiological action of pancreatine and draws the following conclusions bearing on the use of this agent as a therapeutic measure: Pancreatine should not be administered by the stomach, for the reasons:

First. Because nature has produced pancreatine below the stomach, and therefore it is not intended to pass through it.

Second. Because pepsin and pancreatine precipitate with each other, and therefore cannot act together.

Third. Because nature has provided for the destruction of pepsin by the bile at the very point where it comes in contact with the pancreatine; and by a fair inference we may conclude they cannot act at the same time in the same place.

I am aware some clinical observations have been made *apparently* favorable to the action of pancreatine by the stomach; but these have not been sufficiently numerous or accurate, or properly analyzed, to be of scientific value; especially as clinical observations which controvert the positive teachings of science, supposed and believed to be true, should be taken with many grains of allowance and after patient waiting.

To quote the oracular words uttered a few weeks ago on this floor, "No medical fallacy, from the earliest times to the present, has prevailed which has not been able to summon an ample clinical experience in its support."

How, then, can pancreatine be used as a remedy?

By its action upon alimentary substances before they are taken into the stomach.

Notably is this the case in the emulsification of fatty matter. In tubercular consumption, and in emaciating diseases of all kinds, the administration of fatty foods is of the first importance. Now, as there is much reason to believe that defective pancreatic digestion in all cases co-exists in, and in many cases is the cause of such diseases, the value of pancreatized fat becomes apparent. But this conclusion does not alone rest upon *a priori* reasoning. Clinical observations, both extended and accurate, have confirmed the correctness of such conclusions. Dr. Horace Dobell has collected and arranged several hundred cases from different sources, affording conclusive evidence of the value of emulsified fats. Furthermore, by pancreatic emulsification of cod-liver oil, the greatest bar to its administration, viz.: indigestion caused by portal obstruction is effectually removed, because after such emulsification the oil is directly absorbable by the lacteals.

Hydrochlorate of Pilocarpine.—*Hydrochlorate of Pilocarpine*, derived from the alkaloid found by E. Hardy in the leaves and in the root of pilocarpus pinnatus, is in many respects the most valuable of the preparations of jaborandi. It comes in small white crystals, very soluble in water and is for different reasons especially adapted for *hypodermic* medication. Its action resembles that of the drug itself, but it is *more uniform* and reliable than either the infusion or the fluid extract. It also influences the bronchial secretions by making them more fluid, and it has been used with advantage in croup, bronchitis, etc. A solution is made by disolving ½ grain of hydrochlorate of pilocarpine in 30 minims of pure water. I use in cases of children from 6 to 10 years of age, 10 minims of this solution, 1 1-6 gr. hypodermically and repeat the injection once or twice the next or following day.

To adults I have given 20 minims; ($\frac{1}{3}$gr.) repeated every day for three days.

The simplicity and almost painless manner of its administration, the fact that its hypodermical use does not cause any irritation, or abcess at the point of injection, the easy manner by which we are able to administer it in a state of uræmia, unconsciousness, during convulsions, etc., make it a most valuable remedy in the treatment of children. I used it in five cases of parenchymatus nephritis following scarlet fever, four of which occurred in children under twelve years of age, and I can only state that its action was very satisfactory, although it produced considerable vomiting in one and moderate emesis in another case.

Jaborandi deserves further trial and will be found of good service, when properly used, in cases of parenchymatus nephritis, general anasarca, pleurisy, bronchitis, etc. Prof. Marme, Gottingen, states: atropine, in small doses, arrests all action of jaborandi, while large doses of pilocarpine *cannot* overcome active doses of atropine. *Dr. Kretzschman, in Hosp. Gaz.*

The Pith of Dried Corn Stalk as a Uterine Test.—Dr. W. T. Goldsmith, of Atlanta, advocates the use of the pith of dried corn stalk as material for uterine tests, and claims for it the following advantages:

It dilates effectually, but not too rapidly. It is smooth, soft, and can be removed without force. It produces no lacerations, abrasions, or irritation of the mucous membrane. It can be medicated with any substance, as easily as the sponge or cloth tent. It is of vegetable origin, and, hence, does not become putrid and poisonous to the patient. It may be retained, non-compressed, for days, without injurious results, if no pain occurs. A number of small tents filling up the cervical canal, may be used for more rapid expansion. It can be prepared in a few minutes, of any desired curve, size and length. Any degree of compression may be given it, or it may be used without compression. It may be perforated, like the sea-tangle, and its power of absorption increased, by pricking its surface.

Acetonæmia—The *Lancet* concludes from a review of the experiments conducted with a view to determine the question, that, "while there is strong evidence that diabetic coma is, in many instances at least accompanied by, and probably due to, the formation in the blood of substances of the ethyl-acetic series, sometimes capable of yielding acetone, there is not sufficient evidence that the symptoms are due to the presence of acetone in the blood to justify the designation of "acetonæmia," and until the theory rests upon stronger evidence, it were better not to use a term which is certainly not urgently needed, and which further research may demonstrate to be inaccurate.

Treatment of Strangulated Hernia by Ergotine—Two cases are reported wherein ergotine was used as a dernier resort before operating. The skin over the tumor was, in each case, washed with an alkaline solution, to facilitate absorption, and pure ergotine was rubbed over it every two hours, while it was at the same time exhibited internally. After a few hours the distressing symptoms were relieved, and the hernia either subsided or was easily reduced.—*Le Bordeaux Medical.*

Quinia and Tannic Acid in Whooping Cough.—Dr. C. F. Swan, of Chicago, gives in the August No. of the *Chicago Med. Journal and Examiner* an analysis of fifty cases of whooping cough occurring in his practice. The first ten of these cases were variously treated with carbolic spray, gelseminum, anodynes and expectantly. The mean duration of the disease in five of these cases, in which the duration is given, was a fraction over eight weeks. Of the remaining forty cases twenty-eight were treated with quinine and tannin. Of these two were not at all relieved, while the mean duration of twenty-three in which the time was noted was a fraction less then three weeks. In six cases the disease was aborted after two days treatment. These combinations employed was in the proportion of quinine 4 parts to tannin 1 part with syrup of licorice as a menstruum. The dose is regulated by the age of the child.

Compression of the Epigastrium in Obstinate Hiccough.—Dr. Favrier, *medecin aide-major*, calls attention in the *Journal de medecine et de chivurgie pratique* to a simple and effectual means of checking rebellious hiccough. For a patient treated in vain by morphia vesicants, local cauterizations of the epigastrium, hypodermic injections of morphia, ether, bromide of potassium, chloral, etc., he conceived the idea of making strong pressure upon the epigastrium with the tourniquet of Petit. *The hiccough which had been incessant for fifty days ceased completely in five minutes.* When the compression was relieved the hiccough returned for a few minutes and then disappeared permanently. M. Favrier added that he did not have convenient and electric apparatus, with which to try Faradisation of the phrenic nerves (*La France Medicale and Maryland Medical Journal.*)

GLYCERINE AS AN ENEMA IN CONSTIPATION.—Dr. L. W. Hanson, of Davison's Station, Mich.. writes to the *Medical Record* that for the past two years he has been in the habit of using glycerine in all classes of cases where he desired to produce evacuation of the bowels by enema, whether of acute disease or habitual constipation. He uses it one part glycerine to six, eight or ten parts of tepid water, and finds it to act more pleasantly and efficiently than any other agent ever used for the purpose.

A NOVEL URINAL.—At a late meeting of the Philadelphia County Medical Society, (*Med. and Surg. Reporter*), Dr. Packard said that he could mention a practical point which might be valuable to members of the society, as it had been to him. He had attended a lady suffering from a large abscess, where the use of the bed pan for micturition was impossible, and catheterism annoying, when the patient herself suggested the following expedient: she had a large coarse sponge inclosed in an oiled silk bag, and applied to the parts; it absorbed the urine perfectly, kept the bed dry, and contributed greatly to the comfort of the patient. He had since used the plan in other cases with much satisfaction.

THE INFLUENCE OF PREGNANCY ON PHTHISIS.—In the *Nice Médicale*, February, 1878, Dr. A. Lebert says that for a long time it was believed that pregnancy arrested or impeded the progress of pulmonary phthisis. In 1850, Grisolle affirmed that pregnancy aggravated the phthisical condition. Dr. Lebert's observations support, in the main, those of Grisolle; but he finds that the results of labor are more pronouncably deleterious than those of pregnancy. Out of 33 phthisical girls who married, 10 died in their first labors. He is of the opinion that the physician should discourage marriage in any young girl who has shown at any time symptoms of tuberculosis.—*London Medical Record*, April 15, 1878.

TREATMENT OF HÆMORRHOIDS BY FORCIBLE DILATION.—Dr. W. Wannebroucq, (*Bulletin Medical Du Nord*) considers the treatment of internal hemorrhoids by forcible dilatation of the sphincter ani as a most valuable surgical process. In most cases, medical means suffice; where surgical aid is necessary, however, the abrupt distension of the sphincter by the fingers gives immediate relief; commonly effects a permanent cure, dispensing with either Soloman's operation (the best of all surgical proceedings for ablation) or cauterization, whether by the actual cautery or by saturated solution of zinc. (*British Medical Journal—Clinic.*)

OVARIOTOMY SUPERSEDED—A proposal has been brought before the Paris Academy of Sciences by M. Tripier, to establish a fistula between the ovarian sac and the exterior. He has tried it in one case with success. The interior of the sac may in this way be washed out or treated with iodine injections or cauterized. He has used injections of iodized water daily. The galvano-caustic is used to establish the fistula. This operation is less formidable than ovariotomy, and can be easily carried out, but, of course is not devoid of danger, but it may be employed in cases where gastrotomy is refused or inapplicable. With regard to injections, they should not be too strong. We may point out that death from poisoning by iodine has been recorded where the drug was injected. This operation may be compared with electrolysis for ovarian dropsy—*Medical Gazette.*

CHLORATE OF POTASH IN CATARRH OF THE BLADDER.—Prof. G. Edlefsen, of Kiel, publishes in the *Deutsche Archiv. Klin. Med.*, xix., 1, 1877, an essay on the treatment of catarrh of the bladder by chlorate of potash. The view lately advanced that the best method of treating cystitis, even in acute cases, consists in the introduction into the bladder, through the urethra, of water or medicated fluids, is not in accordance with his observation. The remedy he recommends is chlorate of potash, which never damages the stomach or any other organ, and substitutes turpentine perfectly in cases where turpentine cannot be given. That the chloric acid salts, when administered internally, pass into the urine, was demonstrated in 1856 by Lambert. The value of the chlorate of potash in affections of the mouth and pharynx leads the author to their administration in affections of the bladder, the epithelium being in both cases alike of the pavement variety. The action of this remedy seems confined to this variety, as it has no effect on the trachea or bronchial tubes. Its action is not to be explained by simple contraction of the muscular coat of the vessels, as it not only reduces the hyperæmia and catarrh, but also closes over quickly as if it exercised a specific action in the reproduction of epithelium. The author's results were extraordinary, still there are cases in which he failed with it, and was compelled to resort to turpentine and copaiba. He orders for adults usually: Potass. chlorat. 15.0, aqua dist. 300.0, of which a tablespoonful every two or three hours. He lays stress upon the prescription, because it is necessary to bring the patient under the influence of the remedy quickly. Should the taste of the drug after long administration

become insipid or sickening, it may be corrected by using cherry laurel as a vehicle (10.0—300.0); any syrup should be avoided. The pus begins to disappear from the urine after its use very quickly—an important difference from the action of salicylic acid—and the subjective distress is lessened or disappears even before the pus has entirely vanished.—*The Doctor.*

TREATMENT OF MIGRAINE.—We quote from a reprint of "A contribution to the Therapeutics of Migraine" by E. C. Seguin, M. D.:

"The principle of the treatment is to keep the nervous system steadily under a slight influence of cannabis for a long period of time; in other words, we are to employ the "continued dose" of the remedy, as Clarke and Amory say in speaking of the use of bromide of potassium in epilepsy.

I give to adult females one-third of a grain of the alcoholic extract of cannabis indica before each meal, increasing the dose after a few weeks to one half grain. Males can generally begin with one-half grain, and it is well to give them three quarters grain in two or three weeks. These doses must be taken with the greatest regularity, just as faithfully and regularly as bromides in epilepsy. Indeed, when beginning such treatment, I usually obtain a promise from the patient that he will regularly take the pills for a period of three months.

As a rule, no appreciable immediate effect is produced by the above doses, though I have known lightness of the head and slight confusion of mind to result from an initial dose of one-half grain three times a day.

Under this apparently and essentially simple plan of treatment, I have known what may be termed excellent results to be obtained. Of course, I do not mean to say that all my patients have been benefitted, but, without a statistical table, so difficult to construct from the experience of private practice, I feel certain that about one-half of my cases have been relieved. A few—two or three—after being more than a year without return of their migraine, have passed from under immediate observation. One of these now very rarely has headache, although for several years he has taken no medicine. The majority of patients relieved have obtained months of freedom from attacks while taking the remedy.

I think that we may say of cannabis for migraine, that it is nearly as efficacious as the bromides in epilepsy. Both *may* cure, both *do* bring about remarkable interruptions in the series of attacks; both must be employed in the shape of the continued dose.

ON THE USE OF OIL OF TURPENTINE AND LUCCA OIL IN TYPHOID FEVER.—In the April number of the *Practitioner* there appears an abstract from a communication of Dr. Persse White to the *Medical Times and Gazette*, in which he extols oil of turpentine as a remedy in bronchitis complicating typhoid fever. I can endorse his remarks, and, at the same time, add that oil of turpentine, combined with lucca oil, in the proportion of fifteen minims of the former to thirty or more of the latter for a dose, and made up with mucilage or the yoke of an egg, is the best remedy for the diarrhœa and tympanites, which are generally associated with the typhoid which prevails here at present. In the extensive practice which I enjoy I have found this combination superior to any other drugs. Under its influence the stools are reduced in number, and become more solid in consistence, and the tympanites gradually less. In only a few patients have I known its administration to be attended with disagreeable results to the stomach, the greater number manifesting a wonderful tolerance of it. It may be given three or four times in twenty-four hours, and continued for weeks if necessary. It prevents the palpable wasting of the disease, and obviates the necessity of giving alcoholic stimulants to a great extent—no mean desideratum in a workhouse institution.—*Dr. P. L. O'Neile.*

THE VIENNA TREATMENT OF PNEUMONIA.—Dr. W. S. Caldwell gives in the *Chicago Medical Journal and Examiner*, the clinical history of the following case as illustrating the plan of treatment pursued at Vienna in case of pneumonia:

Anna H., a domestic, aged 24 years, was admitted to the Allgemeinen Krankenhouse, May 13th, 1878. Three days before, the patient was taken suddenly ill, her first symptoms being a well marked chill, which was soon followed by a severe pain in the right side. On admission, the right lung was filled with an infiltration, she was raising rusty sputa, and had all the symptoms of a well-defined case of pleuro-pneumonia dextra.

Her respiration was 24, pulse, 100, temperature 39.4° C. Cloths wrung out of ice water were applied to the right side.

Internally, she was given one gram of the salicylate of soda every four hours, each dose being immediately followed by a large draught of cold water. She was also given an infusion of digitalis, made by adding 1 gram of the leaves of the herb to 200 grams of boiling water, of which one tablespoonful was administered every four hours.

From the 13th to the 16th the case remained

nearly stationary; the pleuritic pains in the right side were very severe, but the relief obtained by the application of the ice water was very marked indeed.

May 17th. Patient much worse. Respirations, 45; pulse, 120; temperature, 40.5° C.

Physical examination showed the entire lower lobe of the left lung involved in a pneumonic process in the first stage, accompanied by a severe pleuritic pain in the same region.

May 18th. Patient still worse.

The lower lobe of the left lung was consolidated, and the upper lobe involved. Delirium, pulse, 130, respiration, 50, temperature 40.7° C. Digitalis and salicylate of soda were discontinued, and in their stead, quinia 30 Ctg. were given every six hours, combined with the free use of brandy. The entire chest, from under the axilla to below the ribs, was enveloped in wet cloths wrung from ice water which were changed every 20 to 40 minutes, depending upon the ease and tranquility of the patient, as she called for them to be repeated as soon as they became warm.

May 19th. Respirations, 50; temperature, 40° C.; pulse, 125; patient still delirious. Prof. Duchek, who eximined the case, and made it the subject of a clinical lecture, considered the prognosis as extremely grave, the only favorable symptom being a slight subcrepitant râle to be heard in the lower lobe of the right lung, showing a tendency to resolution. Patient was ordered increased dose of brandy, so that from 400 to 500 Gms. were to be given in the twenty-four hours. The cold applications to the chest were vigorously continued.

May 20th. Patient better; temperature, 39° C.; pulse, 115; respiration, 25.

Stimulants lessened in quantity, cold to the chest hourly.

May 21st. Right lung nearly freed from exudation.

On account of the late involvment of the left lung, the patient had some fever until the 24th, from which date she rapidly convalesced.

I find here, both in fevers and in cardiac diseases, that digitalis is used only while there is a comparative vigorous circulation; in fact, to fulfill indications exactly opposite to those for which it is given by most physicians in the United States.

They use no counter-irritants to the chest in the hospitals here, in cases of pleuro-pneumonia, but depend upon the cold cloths exclusively.

Expectorants are ignored, except to relieve a bronchial catarrh that may follow the lung complication as a sequel.

The favorite expectorant is a combination of sulphuric æther, syrup of liquorice and ipecac.

FORMULARY.

GURGUN BALSAM FOR GONORRHŒA—
Vidal's Formula.

℞. Gurgun balsam..... ℥j
Gum Arabic..... ℥jv.
Infusion star anise..... ℥x.
Mix. Half to be taken before meals.

Or, Mauriac's Formula.

℞. Gurgun balsam..... ʒ ss.
Gum Arabic..... ℥ij ss.
Syrup of gum Arabic..... ℥vij ss.
Mint water..... ℥xij ss.
Mix. A third to be taken three times a day before meals.

M. Deval regards Mauriac's formula as too powerful, and prefers Vidals.

KOUMISS—An easy and simple process for its manufacture.

℞. Best unskimmed milk..... 1 quart.
Yeast (brewers' or old bakers')..... 100 grains.
Cane sugar..... 200 grains.

Keep the mixture at a temperature of 80° Fahrenheit, until fermentation is quite brisk, stirring it frequently and then bottle carefully, securing the corks with strong twine or wire. After twenty-four hours it is fit for use.—(*Med. & Surg. Reporter*).

COMPOUND RHUBARB MIXTURE.

The following combination is found very useful at the Brooklyn Eye & Ear Infirmary in cases where an alteration is indicated, and in which the administration of mercury is not deemed advisable. It is also tonic in its action, and is especially valuable in children whose stomachs and bowels are out of order.

℞. Ext. Rhei Fl..... 256 minims.
Ext. Ipecac Fl..... 51 "
Sodii bicarb..... 512 grains.
Glycerinæ ..... 12 ounces.
Aq. menth. pip. *qs. ad*..... 2 pints.

Mix. Dose—for children, one-half to one teaspoonful two or three times a day.—(*Proc. Kings' Co. Med Society*).

WINE OF GENTIAN—A pleasant stomachic.

℞. Fl. Ext. Gentian..... ʒ ss.
Fl. Ext. Cinchonia..... ʒ j.
Fl. Ext. Orange peel..... ℥ij.
Fl. Ext. Canella..... ℥i.
Proof Spirit..... ʒ jvss.
Sherry wine..... ʒ xxxvj.
Mix. DOSE—one or two teaspoonfuls.

A STIMULATING EXPECTORANT.

℞. Ammonii carbonatis..... gr. jv.
Tincturæ scillæ..... m. xv.
Tincturæ camph. co..... m. xxv.
Extracti glycyrrhizæ..... gr. v.
Infusi senegæ qs. ad..... ʒ j.
Mix. Fl. haustus ter in die sumendus.

A SOOTHING APPLICATION TO ULCERS.

℞. Farinæ (wheat flour)..... ʒjv.
Acaciæ pulv..... ʒj.
Tragacanthæ pulv..... ʒ ss.
Ovi..... No j.
Cretæ..... ℥ij.
Aquæ frigidæ..... Oj.

Mix and heat to boiling; boil one minute and cool. It should be thin enough to spread with a brush.—(*Naphey's Surgical Therapeutics*).

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, AUGUST 25, 1878. No. 15

EDITORIAL.

MAY WE CONSULT WITH HOMŒOPATHS?

Our English, together with our Eastern, and more particularly, perhaps, our New York brethren, have for some time manifested a disposition indicative of a latent desire to do what we further West are wont to regard as rankly heretical, to wit, to consult with homœopaths (so-called). There is a party, not insignificantly small either, that has been coquetting with the enemy in a most suspicious manner, and in a manner, too, which certainly calls for investigation. This party is, moreover, composed of eminent practitioners whose "regularity," barring the single desire referred to, is, and always has been, like Cæsar's wife, above suspicion. It has latterly been actually advocating a removal of the ban which a former generation of regulars placed upon the homœopaths! And, as if this were not heinous enough in itself, they actually go to our revered Code of Ethics, that immaculate instrument, for their warrant. There must be a screw loose somewhere, and who shall tighten it?

The trouble arises, as we take it, from a disposition which these New Yorkers have, in addition to their homœopathic predilections to interpret the code literally. They are a practical sort of genuises and know nothing of that "spirit" which the "Toner resolution" refers to, and which certain "toney" members of the Michigan State Medical Society so frequently refer to with such voluble unctuosity. They heed not the saying "the letter killeth but the spirit giveth life." The New York medical societies are, moreover, organized under a State law, and they have adopted the Code of Ethics as a by-law. They are, therefore, in common with other citizens, amenable to the powers that be, and herein they have an immense advantage over the "spiritual" brethren in their arguments on this particular matter of consultation with homœopaths. The laws of the land, unfortunately, know nothing of "spirit." Lawyers and legislators are so painfully practical, and hold a man so closely to what he says and pay so little attention to what he implies, or, in other words, to the "spirit" of his utterances. What says the Code on this homœopathic question?

> "But no one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma to the rejection of the accumulated experience of the profession and the aids actually furnished by anatomy, physiology and organic chemistry." Art. iv., Sec. 1.

The inference cannot be mistaken: Any one whose practice is *not* based on an exclusive dogma, who does *not* reject "the accumulated experience of the profession and the aids actually furnished by anatomy," etc., cannot be considered as other than regular within the provisions of the Code.

It is a well-known fact that not one homœopath in a hundred now adheres to the exclusive dogma *similia similibus curantur* to the exclusion of the experience of the profession and the aids actually furnished by anatomy, physiology and organic chemistry. The latter subjects are taught more or less thoroughly in their schools, while their leading societies make the *ex cathedra* announcement:

> "Although believing the principle *similia similibus curantur* to constitute the best general guide to the selection of remedies, and fully intending to carry out the principle to the best of our ability, this belief does not debar us from recognizing and making use of the result of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his care."

Now, what are we going to do about it? The question has been brought to an issue in the New York County Medical Society, and the Comitia Minora (the Executive Committee) reported, in effect, that any so-called homœopath who accepted the above declara-

tion of principles is not an "irregular" under the Code of Ethics. The report of the committee was rejected by a vote of but 32 to 20, a number of members present abstaining from voting. This vote is certainly very significant. The question, however, cannot be satisfactorily determined until some member is arraigned for consulting with a homœopath, an event which, with the above vote before us, will not be long postponed.

Evidently Dr. N. S. Davis will be called upon at the Atlanta meeting of the American Medical Association to further tinker the cherished Code. The "spirit" leadeth to much ambiguity. J. J. M.

THE AMOUNT OF FOOD NECESSARY TO SUSTAIN VIGOROUS LIFE.

It is popularly supposed that as food generates strength, the more one eats the stronger should he grow. The fallacy of such reasoning is, however, patent to the physiologist. The fact is that all that is taken into the stomach in excess of what is necessary to maintain a normal condition of the solids and fluids of the body, in other words, to repair the waste to which they are subject, is not only not necessary, but positively injurious. Numerous experiments have at different times been made with a view to determining just how much is necessary to supply this waste Of course, individual peculiarities make it impossible to lay down any hard and fast rule which shall say how much, in avoirdupoise, man shall eat. Enough has been determined, however, to convince us that, with very rare exceptions, all men eat too much. Abernethy was of the opinion that of the large quantity of food a man swallows one-fourth supports him and the remainder he keeps at his risk. The continued strain on the stomach in digesting superfluous matter, and on the excretories in the unsuccessful effort to rid the system both of its normal waste and of its surcharge of nutriment, is not only a constantly operating cause of disease in these organs, but also wears them out prematurely. Nature does not contemplate any additional effort of the system to that requisite to the throwing off of the effete products of decay, and just in so far as she is called upon to perform this additional labor is she over-taxed. The experience of any physician will convince him that the great bulk of his practice grows out of the eating and drinking usages of society. The truism that men are themselves the authors of the miseries that befal them has no more striking exemplification than in the derangements directly attributable to excesses at the table. It is not in the matter of intoxicating drinks alone that men are intemperate. Truly has it been said that "dyspepsia is the remorse of a guilty stomach," and dyspepsia does not embrace a tithe of the misery that follows in this wake.

The abstemious man is the healthy, clear-headed and long-lived individual. It is, therefore, every man's duty to determine, as nearly as he may, just how much it is necessary for him to eat and drink, and then rigidly to conform to rules of diet which he may legitimately deduce from such knowledge.

It will astonish most men to find out just how little food, compared with their usual habits, is actually necessary to sustain life at its maximum. A Dr. T. L. Nichols, of Malvern, England, has recently been lecturing in London, and giving the results of experiments upon himself, with a view to determining this important question. During the first week he lived on bread (and its equivalents, wheatmeal, oatmeal, rice, etc.,) milk, fruit and vegetables (he ate no flesh meat). His habits of life were regular, his only excess being that of overwork. The total weight of ingesta (solid) for the first week was 3 lbs. 9½ oz., being a daily average of 8¾ oz. The second week he ate "Food of Health," milk and fruit—total weight 4 lbs. 4½ oz, a daily average of 9¾ oz. He reports at the end of the second week that nothing could be better physiologically than the effect of the diet upon him. His digestion was perfect, and the actions of all the various organs was as good as it was possible to desire. During the third week he discontinued milk as unnecessary, and took of solid food 3 lbs. 2 oz., an average of 7⅐ oz. per day. The fourth week, his food being similar, weighed 3 lbs. 6 oz., a daily average of 8 oz. He now added soups

pudding, eggs, etc., and the fifth week his food weighed 3 lbs. 12½ oz. For the sixth week it weighed 3 lbs. 15 oz., or 9 oz. per day. He had taken this diet without stimulants, and had experienced constant increase of health and strength and power to work, and his weight had remained at about 170 lbs. He concluded his lecture with the following sentiment. "The diet question is at the root of all disease. Pure blood can only be made of pure food in proper quantity. Proper attention to diet would reduce the rate of infant mortality and remove many diseases. If the drink of a nation were pure and free from stimulating qualities, and the food were also pure, the result would be pure health."

J. J. M.

YELLOW FEVER.

The present prevalence of this dreaded scourge is attended by the usual consternation among the inhabitants of the infected localities, and emigration from a number of Southern cities has left these places almost depopulated. The ravages of the disease in New Orleans, Memphis, Grenada, and one or two other places more particularly, have been truly appalling, and the scenes which the telegraph reports evoke the deepest sympathy, while the instances of heroism displayed by members of the medical profession in remaining faithfully at their posts, braving the contagion and administering as much as they can to the relief of the sufferers, though occasionally themselves succumbing to the pestilence, calls forth the admiration of humanity.

The present outbreak raises anew the various theories of its origin and excites afresh the spirit of speculation. It is to be hoped that the thought which is now directed to the subject, the researches which are being conducted, and the experiments with disinfectants may lead to some practical good. The profession of New Orleans, than which none are more competent to weigh the matter, is divided as to the nature of the origin of the disease. The *New Orleans Medical and Surgical Journal* classifies the views entertained as follows:

1st. (*a.*) Yellow fever is not indigenous here, but is always imported. (*b.*) Yellow fever is not indigenous here, but is imported, yet the germs may live through a mild winter, or under circumstances which protect them from cold for an undetermined period of time, and be awakened to active virulence when exposed to conditions favoring their growth.

2d. This city is located in the yellow fever zone [a most indefinite expression], and, therefore, its *de novo* origin should not surprise us."

Experiments are being made with carbolic acid as a disinfectant, which article, being the most destructive to insect life and minute organisms, it is hoped may prove more efficacious to the case in hand than any other. Regarding it, however, the journal alluded to says: "We are even yet, after some years of apparently gratifying trial and results, obliged to admit that our whole plan of disinfection is an experiment. Still it is an experiment which has given us hopes and encouragement to such an extent that we should feel it our duty to pursue it until we reach a crucial test."

The fact that the disease rages with its greatest virulence in localities which are under the least sanitary conditions, lends coloring to the hypothesis that it is propogated by if not actually generated in filth.

J. J. M.

The following have remitted since our issue of July 25th.

Michigan—W. C. Wilson, Wm. H. Smith, C. W. Backus' Eugene Smith, C. A. Baldwin, R. B. Smith, G. Wever, S. W. Sleater, Warren Byrns, V. Linz, C. C. Yemans, E. J. Waggoner, A. Spencer, N. J. Cranmer, C. E. Payne, W. H. Preston, J. H. Dumon, A. F. Litchfield, E. D. Tallman, Robert Patterson, H. J. Hilton, Jas. Cooper, S. B. Powell.

Ohio—I. N. Harcy, James Hays, J. E. Roseborough, E. S. Cleland.

Iowa—Richard Olive, J. Fairbanks, L. Miller, J. R. Richey, C. H. Horton.

Illinois—E. R. Traver, Aug. I. Haerthea, F. P. Reagan, W. H. D. Lewis.

Indiana—Louis A. Porter.

Kansas—Benj. Woodward, J. W. Waring, A. I. Edwards.

Wisconsin—C. Von Hiddessen.

New York—F. Findlay, R. H. Sabine, L. A. Crandall, S. M. Furnham, J. Burt, C. C. Cook, Robt. Clink, H. M. Dayfoot.

Pennsylvania—W. H. Warder, H. B. Pittman, Harry Stiles, J. A. E. Reed.

New Jersey—R. R. Rogers, C. H. Hunter.

Maine—C. W Abbott.

Connecticut—Geo. I. Ross, F. W. Brown, Jno. W. King, Silas H. Coffin.

Massachusetts—Chas. Bailey, Geo. F. Smith.

Tennessee—G. L. Laws.

Kentucky—R. D. Porter.

West Virginia—Peter Winston, G. B. Harvey.

ORIGINAL ARTICLES.

STRANGULATED HERNIA—TREATMENT BY HYPODERMIC INJECTIONS OF MORPHIA HYDROCHLORAS.

By G. H. Chapman, M. D.

In the month of October, 1876, while practicing in Hudson, Mich., with my father, Dr. Geo. Chapman, the following case presented itself, which, with others since treated in a similar manner, seems to me of sufficient interest to report. I therefore report them, hoping it may meet the approval of some of my professional friends, and possibly save some suffering mortal hours of agony, if not operation, in some instances.

Case I.—John R., a farmer, aged 61, of medium height, robust and muscular, came into the office, having an oblique inguinal hernia of the right side, which had "come down," and, contrary to its usual custom, completely resisted his personal efforts to reduce it. He had been troubled with it for several years, but had worn a truss. Upon examination we found the tumor of a hard, globular character, dark-red, almost purple color, and about the size of a common lemon. All our efforts to reduce it by taxis, with fomentations, tractile method (inverting the patient), &c., proved unavailing after two hours' hard work.

We debated the question of using chloroform, as our patient had an intermittent pulse; still, feared we might be obliged to resort to it, and possibly to an operation, as the patient now vomited at each effort at taxis.

At this form, my father called to mind the fact of having read, somewhere, of the hypodermic injection of a full dose of hydrochlorate of morphia in the reduction of a dislocated humerus, and said: "If useful in that case, why not in this?"

Acting on this suggestion, I immediately injected ⅓ grain of the drug in the outer side of the thigh, about six inches from the tumor, and waited patiently ten minutes, till the patient said, "I have no pain."

We now raised him so that the hips were about fifteen inches higher than his head and shoulders, and resumed taxis, when, to our surprise and infinite relief, at the first attempt the tumor returned to the abdomen with an audible click.

There was some tenderness and inflammation in the injured region for a few days, and, after this subsided, a suitable truss was applied, and no more trouble was experienced.

Case II. About one month after the preceding case I was summoned to attend a young man five miles in the country—a farmer, aged twenty.

Upon examination, found an oblique inguinal hernia of the right side, extending into the scrotum, about the size of a Bartlett pear, of a purplish color, with intense pains at abdominal rings. This patient had often reduced the hernia himself, but in this instance had worked *twelve hours* without success, and was now vomiting at each effort at taxis. I immediately injected ⅓ grain of morphia hydrochloras into the thigh, and waited fifteen minutes, when I had the satisfaction of having the tumor return to the abdomen upon my first attempt at reduction by taxis, with the same audible click as in the former case.

Case III, occurred in Grand Crossing, Ill. Was called January 9, 1878, to see C. W., aged 29, and found an inguinal hernia similar to No. II, as to present condition, time of duration, patient, vomiting, &c.

I administered in the thigh, as before, ¼ grain morphia hydrochloras, and succeeded in reducing the tumor in half an hour.

I lay the lack of *immediate* success in this case to the smaller dose of morphia used.

This patient neglected to have a truss adjusted, consequently he again presented himself, in the same condition, on the 3d of March. I had no hydrochlorate at this time, and could get none in town; I therefore injected ⅓ grain of the sulphate, and attempted reduction by taxis and tractile method, without success. I then administered chloroform, which increased the vomiting, and made a bad matter worse. I now injected ¼ grain of morphia as a second injection, and applied fomentations for an hour; then resorted to taxis once more, and, after considerable effort, succeeded in relieving my patient.

Hydrochlorate of morphia, though used far less frequently in this country than the sulphate, is received with greater favor in Great Britain. My experience with the drug leads me to assert that it possesses peculiar advantages over the sulphate in many cases, especially where we seek to relieve spasm, as is shown in Case III. I have also observed its superiority in asthma. One case particularly I now recall, where the druggist substituted sulphate for muriate (as he afterwards admitted), without consent, and no relief was obtained. I had the prescription re-compounded properly, and secured relief on administering the first dose.

I further find it less liable to cause the peculiar nausea and "heaviness of the head"

so often complained of after taking the sulphate.

Its advantages in cases like the above is self-evident, as in the after-treatment of such cases, as well as in dislocations, we almost invariably are obliged to administer an anodyne. By administering it in a maximum dose (which I consider essential for the best results) before operation, we may avoid the dangers of chloroform, securing equally good results. Will it stand the test?

GRAND CROSSING, Ill., July 20, 1878.

IODINE—ITS THERAPEUTIC ACTION.

Abstract of a Paper read before the Ann Arbor Medical and Surgical Society by CONRAD GEORG, M. D.

Not long ago iodide of potassium was used almost indiscriminately in all chronic inflammatory affections of the lungs, with *marked success;* now its use is intradicted here just as strongly and as positively as it was once recommended by its most ardent enthusiast. In these terribly fatal diseases, preservation of the constitutional powers of endurance forms the basis of all rational treatment. Whatever course of medication may be indicated by the peculiarities of individual cases and conditions, preserve the strength of the system by preserving the digestive powers of the stomach and alimentary canal, and zealously guarding healthy circulation, particularly in the pulmonary capillaries and their ramifications.

In the various affections of secondary syphilis, as well as in many forms of tertiary form, iodine and its preparations—used both locally and constitutionally—has become a standard remedy. It must, however, be borne in mind that, in some of these cases, of unquestionable character, iodine remains at times entirely useless.

In scrofula, iodine frequently exerts great benefit. It is most useful in the lymphatic affections. Of course its use should always be accompanied by proper dietetic and hygienic treatment. In strumous diathesis, iodine has achieved an enduring reputation. Its value in rheumatism may be briefly stated as not only useless, but positively injurious in all acute forms of the disease, and that it is only of doubtful value in some forms of chronic muscular rheumatism characterized by pain and unaccompanied by fever. In deforming rheumatism it is likewise useless.

For promoting the absorption of inflammatory exudates of serous membranes, iodine was formerly regarded as the *sine qua non* of all absorbants. Experience teaches that the small value which it does possess is more than counterbalanced by its deleterious influences, which are brought into bold relief in these cases. It is useful in certain forms of neuralgia, depending on syphilitic or rheumatic deposits. The tincture is also given, with success, in vomiting, unaccompanied by organic disease. Locally, its chief use is in promoting adhesive inflammation of serous cavities, as in hydrocele, &c. The iodine ointments are entirely superfluous for constitutional effect. Iodine is not absorbed by the sound skin in these forms.

Iodine is used in many diseases besides those enumerated above, especially of chronic course, with real and *supposed* success; yet the experimental material is insufficient for establishing its indications and contra-indications.

Iodine is not an indifferent medicine; it is given either for good or evil in every case where its physiological effect are really induced.

ANN ARBOR, June, 1878.

GALVANIC TREATMENT OF THE ULCERATED OS UTERI AND VAGINAL LEUCORRHŒA.

By O. E. HERRICK, M. D.

In reading Dr. Chas. R. Mills' article, pub lished in the *Medical and Surgical Reporter* and re-printed in the MICHIGAN MEDICAL NEWS, on the treatment of bed-sores and ulcers by galvanism, it occurred to me that a similar plan might be pursued in the treatment of ulceration of the os uteri. If galvanism was beneficial in the treatment of ulcers located upon the back or legs, it ought to be equally so in the treatment of ulceration in any other portion of the body. I proceeded to effect my purpose in the following manner: Having some ten days before introduced one of the "silver wire and soft rubber pessaries" (described in your journal some time ago), I conceived the idea of attaching a piece of zinc, by means of a small copper wire, to the silver stem of the pessary. Accordingly, I constructed a little bag, about two inches long by one inch wide, of chamois skin, and fastened it upon the front of the belt used to sustain the pessary in position. I then cut a piece of zinc, about an inch square, perforated it, and attached a small copper wire at one end, and then attached the other end of the wire to the protruding end of the silver wire pessary. The piece of zinc was then put into the chamois skin bag, which was attached to the belt. I then moistened a piece of sponge with vinegar, and put it into the bag with the zinc, thus getting up my galvanic current. The patient to whom I ap-

plied this apparatus had been suffering with a prolapsed and ulcerated uterus for, as she expressed it, "many years"—just how many she did not know. She also had a most disgusting leucorrhœa. As stated above, she had been wearing the pessary for ten days before the zinc plate was attached to it without any perceptible change in the ulceration or leucorrhœa, although the uterus was kept in place.

In thirty-six hours after the galvanic attachment was made, I examined my patient, and found healthy granulations instead of the unhealthy ulcer, without any evidence of granulations. I also found the leucorrhœa had stopped almost entirely, a circumstance which the patient stated had not taken place for a year before. In one week from the time I applied the zinc and copper wire attachment, I again examined the patient, and found that neither ulceration or leucorrhœa any longer existed; and at this writing, nearly three weeks later, the patient continues to keep entirely well. I left the uterine supporter on for about a week after the ulceration healed, to make sure that the uterus would remain in place, at which time I removed it. and discharged my patient well. I have two other cases, upon whom I have just applied this apparatus, both of whom appear to be doing as well as could be desired.

GREENVILLE, Mich., July 30, 1878.

MISCELLANY.

PHYSICIANS' NAMES IN THE PUBLIC PRINTS.—Dr. O. E. Herrick, of Greenville, writes us as follows:

"I noticed in the *Evening News* of August 6th the following: 'Dr. Eugene Smith, assisted by Dr. Lundy, yesterday performed the delicate operation of removing a cataract from the eyes of Prof. Cornevin, French instructor at the High School. The patient has been almost totally blind for some time. The operation was a success, and the chances are in favor of the Professor regaining his sight entirely.' Now, I do not question the fact, as stated, that the operation was a 'delicate' one, any more than I do the statement which follows, that the 'operation was a success,' and, as it seems to be an item of news to at least the Detroit readers of the *Evening News*, there is no good reason why it should not be published. Neither is there any impropriety (from a common-sense standpoint) in the editor of the *Evening News* eulogizing the two gentlemen who performed the 'delicate operation,' if he sees fit to do so. Viewing the case in the above light, Drs. Smith and Lundy are not guilty of any culpability in permitting the article quoted above to be published; but, from the standpoint of the Code of Ethics of the American Medical Association, upon which the By-laws of the Michigan State Medical Society are founded, Dr. Smith, being a member, is guilty of violating Art. I., Sec. 3, of the Code, which says: 'It is derogatory to the dignity of the profession to publish cases and operations in the daily prints, *or suffer such publications to be made.*' Consequently Dr. Smith's case is a clear one for his expulsion from our State Society for violation of the Code of Ethics. The writer distinctly remembers that a young man was expelled, on a like charge, from the Society, at its meeting in Grand Rapids, in 1872, but was, I believe, reinstated upon apologizing and promising that it would not occur again.

"If all the members of our State Society who have violated the above-mentioned clause of our Code were expelled, I apprehend that the Society could hold its meeting in Dr. Ranney's office, at Lansing, instead of the State House, and even then have plenty of room to spare. It is high time, in the estimation of the writer, that some of the absurdities and dead letters were removed from our Code of Ethics. That the restrictions on advertising, directly and indirectly, are a dead letter, is apparent, when the profession, high and low, and in all parts of the United States, violate them every day with impunity, as the daily papers will bear testimony."

MARRIAGE OF DWARFS.—Minnie Warren, the dwarf, whom probably most of our readers have seen, having been recently married, soon after became pregnant, after the manner of women of larger growth, and was delivered at Fall River, July 30th. Notwithstanding the fact that her husband was also a dwarf, and the expectations that the child would consequently be very diminutive, it proved to be of about the average size of infants born of full-grown parents, and wholly out of proportion to its environments. Of course, under such circumstances, either the mother or the child must ordinarily be sacrificed. In the present instance both were lost.

The newspapers inform us that Mrs. W. H. Bristol, wife of a former doorkeeper of Forepaugh's circus, and known as Fanny Burdette, gave birth to a daughter at St. Louis, on the 24th ult. She was a dwarf, 32 inches high, and weighed only 50 pounds. The husband is a six-footer, and weighs 145 pounds. The child weighed eight pounds, but, in order to save the mother's life, it was necessary to sacrifice the child. The above sad events

are their own comment. It would seem that the authorities should interfere to prevent their repetition.

ARSENIC-EATING WOMEN.—A woman physician has been unbosoming herself to a reporter of the *New York Sun*. She unfolds a tale which is certainly not calculated to increase confidence in her sisters in the profession, and, besides this, she holds them largely responsible for the alarming prevalence of arsenic eating among the women of New York City. She has herself but recently been married, and since the attainment of this goal of every good woman's ambition, she has relinquished the practice of medicine. She speaks thus freely of her sex: The female physician, as a rule, is a person with more energy of purpose than either natural or acquired knowledge. In her heart of hearts she secretly believes that it is all nonsense trying to know so much about things as male doctors try to—or, at least, profess to try to. She has a deep rooted conviction that she can guess right pretty nearly every time, both as to what ails a patient and as to what will effect a cure. She has to study a little, a disagreeable necessity, but she pins her faith to a book of recipes." This is how, she says, many arsenic eaters are made: A foolish woman, nervous no doubt, with something of a hypochondriac tendency, applies for treatment. Properly treated there is not much to be made out of such a case. But the female physician magnifies its importance to enhance her own merit, and she does so by instituting a mild and progressive course of arsenic. It is a tonic, and, as the books inform us, "gives a sense of well-being." The physiological results of the administration soon follow and the patient is charmed; her looks improve, but on the abatement of the drug the faded countenance returns and the arsenic is returned to and abided by in spite of its disastrous consequences.

Dr. A. B. Mott says on this subject: "It is undoubtedly true that arsenic eating is a great and constantly-increasing evil among our American women, especially here in New York. Its use is confined to no one class. The leaders of the aristocracy, the demi-monde, the actress, and the shop-girl are equally liable to be found using it. I know that a good many actresses are addicted to it, and that some have good reason to regret having ever become so."

ELECTRICITY IN OBSTETRICS.—Electricians have been accused of hobbyism. Dr. W. R. D. Blackwood, of Philadelphia, in an article in the *Medical and Surgical Reporter* of the 3d inst., on the uses of electricity in practice, cites three instances of parturition in which he employed it to advantage. He reasons thus graphically: Many a valuable hour is lost in daytime from a hesitancy in leaving the woman, lest our presence should be needed, and yet time slips on, and the end appears no nearer. Many a night, when repose is urgently needed, passes, and daylight comes with the siege in progress. Forceps, valuable as they are, cannot be used unless the proper conditions present; nor does ergot afford the desired assistance in numerous instances. Inertia of the uterus is a troublesome thing, both before and after delivery. Can electricity afford relief? He cites the three cases above referred to in support of an affirmative reply to his question. He applied a mild faradic current, passing it through the uterus, from the abdomen to the sacrum, and *vice versa*. After continuing the current one minute it was stopped, and repeated, with slightly increased force, until regular and natural pains supervened.

GRAVE JOKES.—The occasion of the discovery of the bodies of respectable citizens in the dissecting-rooms of the Ann Arbor school and Ohio Medical College, has considerably enlivened the medical press of the last month or two, and has shown that the editors thereof would not mind a cent the pennance Rosaline laid on "my lord Biron," "to jest a twelvemonth in an hospital."

The *Louisville Medical News* suggests that the next exploring expedition which goes out to find the long-lost Sir John Franklin send a boat ashore and try the vats at Ann Arbor.

The *St. Louis Clinical Record* writes: "One thing is certain, the Colleges are bound to have dissecting material, and if the State does not provide a proper supply, the resurrectionists will always stand ready to supply the demand from the graves of 'our first citizens.' We do not know of any aristocracy in this country whose bodies should be exempt from being made the means of instruction."

The MICHIGAN MEDICAL NEWS puts in: Joseph Cook asks, in one of his lectures, "Does death end all?" Recent doings of the resurrectionists cause us to defer an attack on this conundrum for the present.

While another contemporary gets off the following: "It seems that a fellow will hereafter have to go to his everlasting rest with a torpedo for his pillow. It is an Ohio invention, intended to catch Mr. Bodysnatcher."—(*Med. and Surg. Reporter.*)

MATERNAL IMPRESSIONS.—The *Lyon Medical* reports the following singular occurrence: "Fifteen years ago a manufacturer of Marseilles lost his only child. Shortly after the death of his son the grief-stricken father, instigated by a horrible and sacrilegious idea, amputated the right hand of the infant and preserved it as a precious souvenir in alcohol. After remaining without child for fifteen years, his wife was confined a month ago with a child, in whom there was absent the hand of the same side upon which the father had practiced amputation on the body of his first-born fifteen years before."

A not less singular case occurred in this city two weeks ago. A young Jewess, who had conceived so great a dread of the rite of circumcision as to cause her during her pregnancy to ardently hope that her offspring might be a female, and thus escape mutilation, was confined. Contrary to the mother's wish, a male child was brought forth, but in such shape as to render the Mosaic rite not only superfluous but impossible. Nature had cheated the rabbi out of his fee, and the glans of the young Israelite's organ was exposed in the most orthodox manner, not a vestige of prepuce being discoverable.

AN EXCUSE FOR DRUNKARDS AT LAST.—The *Journal of Inebriety* mentions two cases in which dipsomania was caused by tapeworm. The removal of the animal was followed by a prompt disappearance of all craving for the ardent. This prompts the *American Medical Bi-Weekly* to say, "If the converse of this is equally true, that the worm is lively when the craving exists, there are some poor doctors hereabouts (that is, in Louisville, Ky.,) who need Koosso tea badly, besides the yard railing."

AN EARLY SIGN OF PHTHISIS.—Attention is again being called to the following as a valuable diagnostic sign of commencing tuberculosis: The acromial end of the clavicle is normally higher than the sternal. If it be lower, the significance is that the respiratory field is restricted on that side. If the two ends of the clavicle be found on the same plane, we should suspect tuberculosis, especially if there be already other suggestive symptoms.

PARAGRAPHS.

"God and the Doctor we alike adore,
But only when in danger—not before.
The danger o'er, both are alike requited—
God is forgotten, and the doctor slighted."

The Pope is better. His physicians are taking a vacation. Malicious paragraphist transpose these sentences.

"Meconoiosin" is the name of a new derivation from opium. It crystallizes in leaf-like masses, but its place in therapeutics has not yet been fixed.

Sir William Gull says "there is no more infamy in a woman sounding a man, than in a man sounding a woman," and our English cousins are wroth at the saying.

"We prefer being freemen, bound by the trammels of no sect, to the friendship of those would-be exclusives in medicine. If this is treason, make the most of it."—*Homœopathic Times.* Fit words, and fitly spoken.

Among the many virtues of softsoap is now mentioned its power of dispelling chronic glandular swellings, and also of curing the itch. A "distinguished German physician" vouches for these newly-discovered properties.

The *Pacific Medical and Surgical Journal* for July contains the report of an ovariotomy. There were several remarkable circumstances connected with the case. Both the patient and the operator were women, and—both recovered.

During 1877 the hippophagi of Marseilles disposed of 1,142 horses. This number being in excess of that devoured during the preceding year, shows that horse-meat is increasing in popularity. They say it makes a very toothsome dish.

The *Medical Record* calls those druggists who usurp the physicians' function of prescribing, "Counter-leeches," and intimates that, if they persist in defying ordinary decency, they may only hasten the time when physicians will keep their own medicines.

Die Klinische Monatsblätter für Augenheilkunde and *Annales d'oculistique* each contain a translation into their respective languages of Dr. Eugene Smith's article, in the MICHIGAN MEDICAL NEWS for January, on Enucleation of the Eye, and comment favorably on the improved method therein advocated.

Dr. Younghusband writes: "In your last excellent journal, among the selections I find an article headed 'Heredity in Alcoholism.' Is not 'Heredity' a typographical error? I know of no such word in any language. In French we have 'hérédite.'"

We have carefully looked into this matter, and find that Dr. Y. is correct—at least no such word as "heredity" appears in Mr. Web-

ster's book. It seems to us, however, that it is an excellent word, and one Mr. Webster should have had. But it is not one of our creations, anyway. The *Quarterly Journal of Inebriety*, from which the excerpt was made, has the floor.

A homœopathic physician was arrested in Cologne for supplying a patient with powders, contrary to the German law. He was acquitted because the prosecution was unable to prove that the powders were either simple or compound medicines. An analysis corroborated the defendant's statement that they were nothing but sugar of milk.

The Paris *Medical* says of Battey's operation: "It is not only rash, but is to be condemned for its boldness. We cannot approve the conduct of a surgeon who thus plays with the life of his patients, especially when we remember the gravity of deep lesions of the peritoneum. We are happy to state that no French surgeon has followed the footsteps of the American."

The July numbers of those excellent semi-annual publications, *Braithwaite's Retrospect* and Dr. Brinton's *Half-yearly Compendium of the Medical Sciences*, have been received. Each of these journals is, in its way, almost indispensable to the live practitioner. The former is compiled principally from the European periodicals, while the latter confines itself more largely to extracts from the American journals issued during the six months immediately preceding its appearance. The price of each is $1.50.

Dr. C. Henri Leonard, of this city, by the publication of prescription blanks, with physicians' and druggists' names, and so ruled as to make it equally convenient to employ the metric or the old system in prescription writing, has struck a most practical plan of bringing the former system into general use. The blanks are bound in tablets, each of which has pasted on it rules for the conversion of one system into the other. They are furnished at very reasonable rates.

The *Detroit Evening News* is responsible for the following two paragraphs:

"Here, when a woman murders her husband, or commits any other abnormal crime, it is hysteria; in England they call it somnambulism, but the results are pretty much the same. It is but a few days ago that a man was acquitted of the murder of his child on the plea that he did it in an attack of somnambulism. Since then a young woman, while in the same condition, got up in the night, got a carving knife, cut off the heads of all the poultry, slaughtered five pet rabbits, and ended with mortally stabbing a favorite donkey. Her murderous mania did not, it is true, include any human beings, but who could guarantee such limitation in the future."

"Boston landladies are mourning the untimely disappearance of 'Sir William Kingsford, M.D., surgeon and physician to her majesty the Queen of England and Empress of India,' who showed himself a sharp practitioner in more ways than one. He was in great demand among the elite of Boston since he had 'saved the life of the Queen after sixty of the best physicians and surgeons had given her up.' This calls to mind that Detroit is honored with a physician who saved the life of the Prince of Wales when 'all the doctors in the land' had given him up, and suggests the ingratitude of the effete monarchy that will permit the saviors of its royal head and heir presumptive to skirmish round on barren and grudging communities for the staff of life."

For beautiful writing give us our contemporary, the *Detroit Lancet*. Here is a specimen brick, picked up at random: "Then shall thy strength be renewed, and thy mental and moral forces shall re-arrange thy disordered frame into a new man, filled with peace and joy—shouting, and laughing, and talking, and working for the very pleasure of the activity—like the frisking of the colt at play, or the singing of the bird at morn." It says that this is the way a short vacation affects a fellow. It must be delightful! Its senior editor, it tells us, is off among the Catskills (the home of Rip Van Winkle, and a very appropriate resort for our big "I" friend), and we may expect some tall frisking when he gets back.

SELECTIONS.

Cold Enemata in Diarrhœa.—Dr. M. J. B. Messemer, of Mount Sinni Hospital, New York, gives, in the *American Journal of the Medical Sciences* for July, the history of three cases of diarrhœa in which he had successfully employed enemata of cold water. He says: "The idea of treating chronic diarrhœa with injections suggested itself to me after having treated some cases of dysentery. The tormina and tenesmus accompanying dysentery I have treated by injections of cold water and opium, and cold water alone. In my opinion these injections relieved the tormina and tenesmus, as they washed out the irritating substances, thus cleansing the rectum and lessening its irritability, and, as it appeared to me, that the increased number of

passages, which continue through chronic diarrhœa, were due to increased sensibility and irritability of the rectum, which was kept up by irritating material, such as mucus and fæces, contained therein (as the majority of cases of constipation are due to decreased sensibility and habit), I entertained the notion that by cleansing the rectum of such irritating matter by injections the exciting cause or influence might be removed, or at least relieved or rather mitigated.

Consequently I made experiments at first with warm water injections (as it occurred to me warm water would certainly be as efficient, if not more so, than cold in cleansing the rectum) on myself, when I had one passage daily in the early part of last summer. I found that after the warm water injections had been continued a few days the stools would become watery, and in a week or ten days the number of passages would be increased. A few days thereafter the stools would again be reduced, still there would be more than one passage per diem, and that the stools would remain watery. By this experiment I found that simply removing the irritating mucus or fæces by warm water (which certainly removed them) would not attain the result I had ascribed to it. Thereupon I injected cold water after each passage, and found that the number of stools decreased. I kept on with cold water injections, which brought on constipation. It was found necessary to relieve this constipation with a cathartic. These experiments show that cold water possesses astringent properties. Its anodyne properties have long been proven in dysentery. Moreover, the water acts as a protectant to the mucus membrane of the rectum; when slowly injected, so as not to excite peristaltic action, it will keep the rectum distended and its walls apart, thereby preventing their irritating each other.

In the treatment of chronic diarrhœa I do not object to internal treatment being added to the cold water injections, but I consider dieting the patient properly, in aggravated cases, of the highest importance, for obvious reasons.

Treatment of Ozœna.—In an article in the *N. Y. Medical Journal*, for August, Dr. J. Oscroft Tausley, Assistant Surgeon to Manhattan Eye and Ear Hospital, on the treatment of nasal catarrhs, speaks as follows regarding the treatment of ozœna: He considers a thorough cleansing of the parts, preparatory to the applications of medicines, as a most essential, but very frequently neglected step. He commences with the posterior nasal syringe to moisten the secretions. He uses this in preference to Thudicum's douche, the atomizer and the anterior syringe, owing to the danger of ear trouble from the former, and the inefficiency of the latter two. He then sits down before his patient, and, by the aid of the forehead and rhinoscopic mirror and nasal speculum, carefully examines the deceased cavity. By means of a wad of cotton on his probe—a steel wire with an enlarged end for a handle—he thoroughly swabs and cleans every available part. It is no unusual but the usual thing by these means to get out large masses of inspissated, black and decomposing mucus, which the syringe alone is incapable of removing. It sometimes takes several sittings to thoroughly complete this part of the work. After the cleansing has been done, he makes his applications, either with the swab moistened with the solution, or with the atomizer or the powder-blower. The solutions he uses are the ordinary ones, of alum, tannin, sulphate of zinc, nitrate of silver, etc., with or without glycerine, according to the indications. The powders he uses are iodoform alone, subnitrate of bismuth with morphia, or powdered cubebs, or nitrate of silver. The following powder, suggested to him by Dr. Andrew H. Smith, he is much satisfied with.

℞. Argenti nitratis.....gr. x, xx or xxx
Bismuthi subnitratis..... ʒ i
Kalii sulphatis..... 3 i
Mix and powder.

He finds disinfectants after the thorough cleansing rarely necessary. Usually, after the third application, the odor ceases. There is a large number of patients whose condition can only be ameliorated; these must be taught how to treat themselves, and how to keep themselves in the improved conditions a few of the above applications will put them in. The general treatment must be attended to, and, in addition, such medicaments as act upon the mucous membrane must be given. The following is a favorite prescription:

℞. Ferri et quin. citratis *vel.*
Ferri et ammon. citratis..... 3 j
Sol. fowleri.....
Tr. cubebæ..... 3 iij
Tr. gentianæ comp.
Tr. cardamomi comp.....āā ʒ ij
Mix. Sig.—A teaspoonful three times a day, after meals.

Treatment of Stomatitis Materna.—Stomatitis materna takes the form of acute or chronic oral catarrh, also aphthous and ulcerative stomatitis.

It is sometimes very obstinate and intractable. Weaning the child always brings about a speedy cure. It is, however, generally amenable to treatment of a simple nature,

where, from lowered vitality, a tonic regimen, as quinine, porter, iron and cod-liver oil, is required.

Nursing sore mouth will often yield to astringent gargles or mouth-washes. Chlorate of potash is good in this affection, as in all other oral affections of an inflammatory and ulcerative nature.

The glycerite of tannin, a great favorite of Ringer in all these complaints (see his *Handbook of Therapeutics*, page 300), is sometimes all the application that is needed—to be brushed over the parts affected twice or three times a day. Where astringents alone will cure, this will cure.

The sulphites, especially the sulphite of sodium, the sulpho-carbolate of sodium, are recommended. The sulphite of sodium may be given internally, in doses of a scruple three times a day, and also used as a mouth-wash. The same dose (ʒi) may be given of the sulpho-carbolate of sodium, and, dissolved in an ounce of water, used as a gargle. These medicines undoubtedly have an alterative effect as well as a local action (see Braithwaite, Part 63, page 24).

The tincture of smartweed (*Polygonum punctatum*) in drachm doses, diluted with water, to be taken internally, and used as a gargle, is highly recommended by a writer in the *Philadelphia Medical and Surgical Reporter*. Another authority regards bismuth, in ten grain doses, as a certain remedy.

In several obstinate cases I have used the following formula with good results. (The formula is borrowed from the *Reporter*.) In one case cure followed in less than a week, but during its use the baby, previously well, was severely griped and purged. I think that it should be used with much caution, and discontinued in a few days if it does not seem to do good, or if it affects the baby injuriously. The dose of the bin-iodide is about one-thirtieth of a grain:

℞ Hydrarg. biniod. ..... gr. v.
Pot. iod..... gr. x.
Aquæ..... ʒ j.
M. Ft. sol. liq.

Take three to five drops, ter die, after meals. For a mouth-wash, add six drops to a tablespoonful of water.

This remedy, besides its local stimulant and resolvent action, undoubtedly does good as an alterative, improving local and general nutrition.—*Dr. E. P. Hurd, in Medical Record.*

Chloral in Dysentery.—Dr. Wm. L. Newell, of Millville, N. J., writes to the "Philadelphia Medical Times" as follows: "An invasion of dysentery in our midst reminds me of a conversation with you some time since, wherein I promised to write you the details of my manner of treating that disease with hydrated chloral injections.

"A weak solution of that valuable medicine on chronic ulcers manifested such favorable results in my hands that I conceived the idea of using it locally on the inflamed and congested bowel in dysentery. The first case had been under the usual treatment for three days without relief. The child, aged eleven, was tormented with thirst, pain and tenesmus, with twenty-five or thirty dejections in twenty-four hours. In connection with other treatment I ordered five grains of chlor. hyd. dissolved in ʒij starch gruel thrown up the bowel with considerable force from a hard rubber syringe. It remained three hours, during which the child slept. Many of the other symptoms were modified, and the injection was repeated, which remained seven hours, when it came away with some fæcal matter, but without tenesmus.

The child asked for food, which was given in form of mutton tea thickened with boiled wheat flower. All treatment ceased in forty-eight hours from first enema, four being given in all.

The case seemed so satisfactory that I mentioned it to my confrére, Dr. J. S. Whitaker, who has pursued the same treatment with the most happy results in every case, aborting the disease within a few hours.

I may mention that he used ten grains instead of five with a lady aged twenty-five, who had twenty or thirty calls in twenty-four hours, with complete repose for eight consecutive hours, with permanent abatement of all other symptoms, without other treatment. The number of aggravated cases of dysentery we have treated with the chloral hyd. warrants us in saying that if early and properly used it is almost a specific."

Inflammations of the Naso-Pharynx.—In a most troublesome class of affections, viz.: acute and chronic catarrhal inflammations of the naso-pharynx, Mr. Lennox Browne commends iodoform as superior to all other forms of topical agents, which too often only aggravate the disease. It may be applied in two ways—as an ethereal solution (1 part to 10 or 12 of common ether), with a brush, or a piece of sponge or cotton wool in a suitable holder; or mixed with vaseline (5 or 8 grains to the ounce), and applied with a small brush far up each nostril. Mr. Browne took the suggestion to use this remedy from Dr. R. C. Brandeis, of Louisville, who was first led to employ it from observation of its good effects in catarrhal affections of a somewhat analagous nature in the vagina and uterus.—*Med. and Surg. Reporter.*

COMPARATIVE ACTION OF OPIUM AND MORPHIA.—Dr. J. Ott gives the following comparison in a recent paper: Opium *en masse* causes a sleepy nearly narcotic action, quickly disappearing, while morphia produces a deep and prolonged sleep. Morphia disturbs the stomach more than opium and its action is more prolonged. Opium is in some cases better borne than morphia; in others the reverse happens. After either opium or morphia there is a period of general excitation, which, in the case of morphia, soon passes into sleeplessness, while after opium this excitement lasts longer. Opium causes a more lasting tingling in the skin than morphia or codeia, and constipates more than morphia, but does not cause as much diaphoresis. Morphia excites the urinary secretion more than opium.

Dr. Eisenmann, of Wurzburg, has shown that opium increases the curative properities of all the heroic remedies, and diminishes their toxic. Bernard found that a subcutaneous dose of morphia causes the amount of chloroform for purposes of anæsthesia to be smaller in quantity.—*Med. and Surg. Reporter.*

COLLODION AS A PREVENTIVE OF SEASICKNESS.—Dr. Laederich claims that collodion has remarkable power as a preventive of seasickness. It should be employed as follows: Before embarking, the voyager should apply successively three layers of ricinated collodion to the epigastrium, overstepping, slightly, the anatomical limits of the region. The layer should extend below, to a line immediately above the umbilicus, laterally to a line about two inches outside of the nipples, and above to some inches above the border of the ribs. When the voyage is expected to last more than a few days, a small quantity of the collodion should be taken along to repair the cracks in the plastering. Dr. Laederich is unable to say, from experience, whether or not the collodion possesses curative as well as preventive powers. He believes it does, however, because he has employed it successfully as an anti-emetic in the painful vomiting of peritonitis. Applied to the epigastrium, as above, it always diminished and often arrested the vomiting.—*L'Année Medical—Medical Record.*

FORMULARY.

[In future the quantities in this column will be given also in the metric system. It will be seen that the translation is not always exact; this is because of the desirability for practical reasons, of having the number employed, as nearly as may be, a multiple of either 5 or 10. The perpendicular line is employed instead of the decimal point, as being less liable to cause mistakes. Syrups and glycerine are one-third heavier than water.]

AN INJECTION IN GONORRHŒA.

		grams	c. grams
℞.	Zinci sulph.	(	)
	Acidi tanniciæ. grs. iiss	(	15)
	Morph. sulph. grs. jv.	(	25)
	Atropiæ sulph. gr. ¼	(	05)
	Aquæ dest. ℥ vj	(200	00)

Mix. Sig.—Employ every two hours. Should there be excessive pain on micturition, give one of the following powders every three hours:

℞.	Ext. cannabis ind.	(	)
	Ext. hyoscyami sem. āā grs. jv.	(	25)
	Sacch. albi. ℥ ss	(15	00)

Mix.

Div. in partes no. jx.

PICRATE OF AMMONIA IN WHOOPING COUGH.

℞.	Ammonii picrat. gr. j	(	06)
	Ammonii muriat. gr. xxjv	(1	50)
	Ext. glycyrrh. pulv. ℥ i	(4	00)
	Aquæ. ℥ iii	(100	00)

Mix. Dose—a teaspoonful every three hours to a child six months and under, doubling the quantity for a child of one year to two years of age, and giving as much as ⅛ grain of the picrate to a child of from three to five years of age.

PURGATIVE MILK—PLANCTIS FORMULA.

℞.	Resinæ scammon. grs. vj	(	40)
	Sacch. albe. ℥ iiss	(10	00)
	Trit. et adde gradatim.	(	)
	Lactis pur. ℥ vj	(200	00)
	Aq. laurocerasi. ℥ i	(4	)

Mix. A single dose for an adult.

CREASOTE IN PHTHISIS.—

Dr. Hugues, of Paris, recommends this "anew." He tried it in 27 cases, in the following formula:

℞.	Creasote. ℥ i	(4	00)
	Alcohol. ℥ jv	(125	00
	Water. ℥ jv	(125	00

Mix. Sig—a desertspoonful twice daily.

A CHEAP FEBRIFUGE AND DIAPHORETIC.

Dr Summerlin contributes to the *Va. Med. Monthly* the following prescription, which he claims is a cheap and efficient substitute for quinine.

℞.	Cinchonidiæ sulph. ℥ i	(4	00)
	Acidi sulph. aromat. ℥ i	(4	00)
	Tr. verat. virid. (Norwood's) gtt.x	(	60)
	Tr. gelsemini. ℥ ij	(8	00)
	Tr. aconiti rad. gtt.xv	(1	00)
	Aq. puræ. ℥ ij	(65	00)
	Syrupi. ℥ ij	(100	00)

Mix. Dose—a teaspoonful every three hours in a tablespoonful of water, for an adult.

SYRUP MORPHIÆ COMPOSITUS (JACKSON'S COUGH SYRUP.)

℞.	Ext. ipecac fl. ℥ ss	(2	00)
	Ext. rhei fl. ℥ jv	(16	00)
	Ext. senegæ fl. ℥ iij	(12	00)
	Syr. simp. ℥ xxxi	(1300	00)
	Morph. hydrochlorat. grs. viij	(	50)
	Ol. sassafras. gtt. xxxij	(2	00)

Mix.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, SEPTEMBER 10, 1878. No. 16

ORIGINAL ARTICLES.

OVARIOTOMY.

A paper read before the Kalamazoo District Medical and Surgical Association, at its regular meeting, July 31, 1878, by Dr. J. M. SNOOK.

Some time during the month of January last I was asked to see Mrs. M——, aged 34, who gave me essentially the following history of herself: She was married at the age of 21, had had two children, the first about one year after her marriage and the second about one year later; no miscarriages; had been regular in her menses until last August, since which time they have appeared every three weeks; general health very good indeed. About five and one-half years before, she noticed, while lying upon the left side, a little bunch in the right iliac region, low down, about the size of an egg. It seemed to remain of this size for about four months, when it began slowly to increase. For about four years it slowly but steadily increased in size, when it commenced to grow much more rapidly, and within the last year has nearly or quite doubled its dimensions. She has experienced but very little pain, except three years ago, when she fell through a hole in the floor, striking upon the abdomen, after which she was confined to the bed for two days, some of the time suffering severely, but was entirely over it at the expiration of a week. Has had no actual pain since.

In July of last year she began to fail in flesh, more especially about the neck and shoulders, and noticed a shortness of breath, upon much exertion, unusual to her, which has increased proportionately with the tumor.

For the last four months she has had much trouble with the stomach, acid eructations, with severe pain and considerable vomiting, the latter being usually within a short time after eating. About this time, too, she began to have severe and frequent headaches, and at times much dizziness.

The menses, since the appearance of the tumor, have been much more profuse than ever before.

There was a peculiar expression about the face and general countenance that attracted my attention, and I have found within a short time, in Peaslee's work on Ovariotomy, page 110, a very accurate description, also a cut which represents it very well, and it is there termed the "Facies Ovariana," which I think, in this case at least, a very appropriate term.

After a careful investigation of the history of the case and examination of the patient, I diagnosed an ovarian tumor originating in the right ovary, and of the oligocystic variety, and proposed an operation for its removal, to which she readily assented, but circumstances were such that it was deferred until much later.

The abdomen measured forty-five and one-half inches round about. A hard bunch in the right iliac region could be distinctly felt, and percussion gave undoubted evidence of a large accumulation of fluid present in the cavity of the abdomen.

With the hypodermic syringe I drew a little of the fluid, and found it heavily laden with albumen.

The vaginal examination discovered the tumor low down in the pelvis, and a sense of fluctuation was communicated to the finger by percussing at any point on the abdomen.

The uterus was carried in *front* of the tumor and high above the symphisis pubis, its cavity measuring a little less than three inches.

I ordered her to be kept on a generous, nutritious diet and tonics, until such time as we could control the circumstances determining an operation.

On Saturday, the 4th day of May, at 11 o'clock, everything being in readiness, I proceeded, with the assistance of Drs. Hitchcock, Mottram, Hochstein, Ranney and others, to operate. The measurement about the abdomen, over the umbilicus, was forty-six and one-half inches at this time, it having increased one inch in diameter since I first saw her in January.

During the day previous her food consisted solely of well-cooked milk porridge. In the evening a free dose of castor oil was given, followed in the morning by a copious enema of warm water, thereby emptying the bowels completely.

After anæsthetizing the patient, using the ether, the urine being drawn, I made an incision about five and one-half inches in length, extended later above and below to about seven inches, and dissected slowly and cautiously down through the linea alba until

nothing but the peritoneum separated us from the cyst, that could be distinctly seen underneath, as the peritoneum was made to move over it. After opening through this membrane, I cautiously introduced between the cyst and the walls of the abdomen a steel sound, to explore for adhesions, finding only some very delicate ones, that were easily separated by the weight of the sound, until we reached the pelvis, where we found some very strong and firm ones, especially to the uterus, which had to be peeled away, partially enucleating the tumor. Introducing a trocar (that I had made expressly for the purpose), with a rubber tube attached, with the aid of a common hand syringe, a syphon was formed, through which the contents of the cyst were drained away into a small tub upon the floor.

After the fluid had been evacuated, the cyst itself was carefully turned out, separated from its adhesions, and the pedicle secured temporarily with a clamp. After all bleeding vessels had been secured, either by torsion or fine silk ligatures, the cavity was thoroughly cleansed of all blood and fluids, the pedicle permanently secured by a strong double silk ligature, cut short and dropped back into the abdominal cavity. Not a single drop of the cystic fluid entered the cavity of the abdomen during the whole operation.

The incision was closed by strong silver sutures, placed about three-fourths of an inch apart. At the lower end of the incision, between the last two sutures, a little hard roll of linen was placed as a tent, reaching through into the cavity, to enable me at some future time, if required in case of accumulation of decomposed fluids, to cleanse it with injections of warm medicated water. In closing the wound, great care was exercised to include the peritoneum within the sutures. Two strips of adhesive plaster, six inches wide and twenty inches long, were placed over the incision, to support the abdomen and prevent too much strain upon the sutures. Over that a flannel compress, wrung from hot water and covered with oiled cloth, and over all a firm flannel bandage about the body. The tumor proved to be an oligocyst, and weighed thirty-four pounds.

As soon as practicable, she was placed in a warm bed, warmth applied and stimulants given until reaction was thoroughly established, which was complete within three-fourths of an hour, with a pulse of one hundred.

During the following night she slept very well, after 9 o'clock, with the aid of a small opiate.

On the fourth day I removed the sutures, and found union complete throughout the whole length of the incision, save where the tent was placed. Upon removing the tent, I found no evidence of decomposed materials in the cavity, so replaced it with a shorter one, to allow the opening to heal by granulation from the bottom. Appetite good, and slept well each night. Temperature averaged about one hundred and two, and pulse about one hundred. On the ninth day the bowels were moved by an enema of warm water.

On the twelfth day, owing to a little excitement, the temperature ran up to one hundred and four in the evening, and on the fifteenth day it reached one hundred and five, with the pulse remaining at one hundred.

On the eighteenth day I found a small abscess, containing about one-half ounce o laudable pus, at the lower end of the incision just where the tent had been.

Temperature o.e hundred and one.

Over the right iliac region, just where the tumor was originally located, a bunch, hard and inelastic, was felt, which had for several days been slowly increasing in size.

On the 21st day it was a little sensitive to the touch, which had not been the case before, and the temperature again came up to one hundred and four.

On the twenty-third day she experienced a severe chill, with loss of appetite and a little increase of the hard bunch in the right iliac region, with a little more sensitiveness under pressure.

On the twenty-fourth and twenty-fifth days she was much the same as on the twenty-third.

On the twenty-sixth day another little abscess made its appearance in the line of the incision, higher up and much smaller, which, after being opened with the bistoury, was found to communicate with the lower one, injections of carbolized water into one coming out of the other. In the evening of the same day erysipelas appeared about the wound and rapidly spread away toward either side. It was superficial, but caused a great deal of pain and uneasiness.

On the twenty-seventh day she began to show symptoms of blood poisoning. Tincture of iron, cinchonidia, whisky and nutritious foods were given liberally. The erysipelas extended down the thighs, over the back and along the arms, but commenced to fade within a few hours.

On the twenty-eighth day, there being positive evidence of an accumulation of pus in the right iliac region, I used the aspirator, and removed two teacupsful, by actual measurement, of the most intensely fetid material that I ever met with. During the

day and night previous she had been inclined to sleep, with the eyes partially closed, with a constant jabber of a low, muttering delirium. On the following day, the twenty-ninth, the temperature was one hundred and five. The countenance was of a dusky hue, the delirium at times broke forth in hilarious mirth, then would quiet down to a low mutter, and again break forth in wild fury, when it would require two persons to keep her on the bed. About nine o'clock in the morning I commenced to give her chloral hydrate, in five grain doses, every three hours, increased in the evening to seven and one-half grains, continuing the tonics and stimulants. I gave the chloral simply because of its known antiseptic properties, and the indications seemed to require such an article, and promptly too; although given upon theoretical principles. The symptoms remained about the same until midnight, when a profuse diarrhœa came on, with an odor almost unbearable. The secretion of urine was also greatly increased since the morning, and the perspiration had become very profuse.

During the day, the thirtieth, she continued in much the same condition, except the temperature had fallen from one hundred and five to one hundred and three. The night following was fully as bad, seemingly, as the one before, but the next morning the temperature was still a degree lower, it being only one hundred and two. I continued the treatment, and at 3 o'clock in the afternoon she dropped away into a quiet, gentle sleep of two hours, and upon awakening seemed to be almost clear in her mind, and realized that she had been delirious.

On the thirty-second day she was decidedly better, with a temperature of one hundred and one and one-half, with appetite returning. I discontinued all medicines save the chloral and cinchonidia in diminished doses, and gave plentifully of light food.

She steadily improved until the forty-sixth day, when she sat up in the bed for the first time. She suffered from a slight congestion of the lungs and a little bronchitis for a few days, but soon recovered from it entirely.

On the forty-ninth day she was helped to and sat in a chair for the first time, and on the fifty-third day walked a little with assistance. On the sixty-third day she was removed to her home, two miles distant, feeling, as she expressed it, as good as new.

She is now able to walk from her home into town, and return, with but very little sense of weariness.

OPHTHALMIC FRAGMENTS.

By Eugene Smith, M. D., Ophthalmic and Aural Surgeon to St. Mary's Hospital, Surgeon in charge of St. Mary's Hospital Free Eye and Ear Infirmary, &c.

EXTRACTION OF FOREIGN BODY FROM THE VITREOUS, WITH PRESERVATION OF THE FORM AND APPEARANCE OF THE EYE.

Frank D—, æt. 19 years, was striking together two hammers, when a chip from one broke off and passed through the under eyelid of the right eye, about three lines from the inner canthus, and into the eyeball, through the sclerotic at about the equator of the eye-ball, between the internal and external recti muscles.

Four days after the injury, when I first examined the eye, I found the little wound still open, haziness of the vitreous humor, with a good-sized clot of blood lying at the bottom of the vitreous chamber, not far from the wound in the sclera. The cornea and lens were normal.

Hoping to extract the piece of metal by means of a magnet, I procured one, and enlarging the wound a little, I passed it into the vitreous. I could easily stir up the clot of blood, but the magnet failed to get hold of the chip of metal, probably owing to its being surrounded with the blood clot. Enlarging the wound a trifle more, I introduced a curved iris forceps, and after seizing the blood clot several times, I succeeded in getting hold of the foreign body and removing it.

The manipulations were all made while using the ophthalmoscope, and without anesthetics. The instruments could be perfectly seen and guided. At the time the operation was made there was considerable choroidal irritation, and vision was reduced to perception of shadows. The irritation was increased by the operation, and suppurative choroiditis followed. The lens, iris and cornea were *unaffected* during the entire process. The wound was kept patent by daily probing, and permitted the pus to escape, which probably accounts for the non-implication of the cornea and lens.

The choice of treatment in this case lay between enucleation and the plan followed. The preservation of the form and natural appearance of the eye, notwithstanding the loss of function, proves the wisdom of the plan adopted. The probable effect in this case of the open wound upon the result leads me to suggest in cases of panophthalmitis, from whatever cause, a paracentesis of the vitreous chamber early in the disease, the opening to be made between the inferior and external or internal recti muscles, near the

equator of the eye, the incision running in the meridional direction from before backwards.

SYMPATHETIC NEURO-RETINITIS FOLLOWING INJURY —UNIQUE PATHOLOGICAL CONDITION OF THE WOUNDED EYE.

J. D—, about 70 years of age, while looking at the fireworks on the evening of July 4th, 1878, was struck by a falling sky-rocket stick and knocked senseless. He was carried into a drug store, and received surgical attention from Dr. J. J. Mulheron. The stick, which was several feet long, and must have weighed over a pound, penetrated the stiff brim of his beaver hat, and striking the external angular process of the frontal bone a little above the articulation of the left malar bone, glanced off, tearing a small flap-like wound, which was sewed up by Dr. Mulheron. I first saw him and took charge of the case the morning after the injury, July 5th. The lids were somewhat swollen, and the extravasation of blood beneath the conjunctiva was so great as to cause the conjunctiva to fold over the cornea, completely hiding it from view, as in severe chemosis.

Separating the folds of the conjunctiva from the cornea, oblique illumination disclosed the anterior chamber, partially filled with blood, the iris torn from its ciliary attachment, except a small shred at a point a little inside of the vertical diameter above, which was stretched downward. The lens appeared to be dislocated directly downwards. The vitreous was evidently filled with blood, as quantitative perception of light was wanting, and there was a black reflex with the ophthalmoscope, which was used with difficulty, owing to the hyposphagmus.

The patient and family were apprized of the danger to the fellow eye, and advised regarding its probable symptoms of lachrymation, intolerance of light, etc., and the case was treated on general principles. About two weeks after the injury the uninjured eye became painful when exposed to light, and "rained tears." Examination showed a typical neuro-retinitis, and for the *first time* the *injured eye* was painful on pressure. Enucleation being imperative, I removed the eye July 21st, and was pleased to see the sympathetic disturbance disappear, the eye recovering slowly.

The enucleated eye was divided into anterior and posterior halves by an incision at the equator. The incision passed through a subchoroidal clot of blood and an apparent choroidal rupture at the lower and inner part of the equator. A mere shred of the iris hung across the anterior chamber, the balance of it seemingly gone, the lens was dislocated downwards *in front of the ciliary body, between the ciliary body and the sclera*, and had *pushed the iris before it.* There was *no rupture externally* of the eye-ball.

The unique dislocation of the lens, and the sympathetic neuro-retinitis, make the case a very interesting one.

TRAUMATIC PERITONITIS SIMULATING STRANGULATED HERNIA.

REPORTED BY DR. J. H. BEECH.

E. W——, of Ovid township, Branch county, Mich., aged about 20 years, was, on July 14th, 1878, raking and binding wheat, using a "buggy rake," an implement which is pushed before the workman.

The said "rake" coming in contact with some solid obstacle, Mr. W.'s body struck against one of the handles, hitting at the lower edge of the body of the right *pubic bone*, bruising the spermatic cord, and glancing upward, made a deep indentation over the right external abdominal ring.

After the extreme pain in the right testis and abdomen had partially subsided, he continued to work for a short time, and walked a mile to his home, but constantly suffered "terrible pain and faintness."

A physician was called soon, and found considerable swelling at the *external* ring, and extending down the cord and scrotum of that side, with heat and great tenderness.

The usual symptoms of acute orchitis prevailed, and were treated *secundem artem* until the third day, when obstipation commenced, attended in a few hours by stercoraceous vomiting, and a full train of hernia symptoms.

In about fifty hours from their invasion these symptoms gradually subsided, the bowels were freely evacuated, the stomach became quiet, the pulse improved, the temperature fell to nearly nominal ranges, and the scrotum began to show wrinkled lines.

At this stage we saw him, July 21st, with Drs. Ayres and Mitchell, attendants, and Dr. J. L. Haggerty a joint council.

The prominence, color and tenderness in the right inguinal and supra-pubic regions, and of the scrotum, would have warranted herniotomy, but could be explained by the history of the external bruises, and all symptoms of strangulation had subsided. Of intense peritonitis there was no doubt, although tympanitis was not marked.

The patient died a few days after our visit, but we cannot learn that any further signs of hernia or of intestinal implication appeared.

COLDWATER, Mich., August 16th, 1878.

MISCELLANY.

THE METRIC SYSTEM.

A VERSION FOR THE KINDERGARTEN.

BY A METRICAL MANIAC.

I.

Hurrah for the Meter; the jolly new Meter;
Not the long—nor the short—nor the common old teter.
But partic'lar for you and for me;
'Tis the 10-millionth part from the pole to th' equator,
With it you can measure a township or 'tater,
A kingdom, a brig, or a flea.

II.

D'ye see this 'ere cube of the tenth of a meter?
That's a liter, to guage how much drink, by St. Peter,
You can stow in your vast lower hold;
But the Gram is the boy to hit up the doctors,
And bother the fogies, and gargle concoctors,
And make them to blunder and scold.

III.

O! Let them go hang with their ounces and scruples,
Tell the greybeards to "cave" and come down to be pupils,
Like Ned, Henry, Tom and your Jack;
There's nothing so easy as to learn this nice table,
With Deka and Hecto and Kilo you're able
To bounce it all off in a crack.

IV.

The Greek words increase, like Greek brats on the Shannon,
But the latin decrease, as shot from a cannon
Looks smaller, the farther it goes:
Haste! Dekagram, Hectogram, Kilogram, heavy,
With Decigram, Centigram, Milligram's levy,
And GILD* the bald scalps of your foes.

V.

Play you're making-out bills when you're writing prescriptions,
And your cramp hieroglyphics of th' ancient Egyptians
Are improved into dollars and cents;
Now what is a gram, or what are the values
Of the devilish and blackguardly weights that we all use
Annoying the Metrical gents?

VI.

A grain's one six-hundredth of our new Gram, boys;
A Gram and a third will make, sure I am boys,
Your old Scruple so base and so mean;
Four Grams make a drachm, or at least very nearly,
Thirty-two will fill up the ounce quite as clearly,
Was anything 'cuter e'er seen?

VII.

Then weigh eighty Grams of the best old Jamaica
With a hundred and twenty of water and shake a—
Bout one Gram of nutmeg in clean;
Squeeze in fifteen grams next of lemon-juice pure,
Shake with ice, and you compound a mixture that's sure
A babe from it's mother to wean.

*Mnemonic—Greek increases, Latin decreases.

VIII.

And we'll drink to the system, the new Metric System.
Who won't take it kindly, be sure we'll assist him
By sarcasm, by nudge and by gibe,
If some unlucky fogy with this new appliance
Shall a babe or two poison, you know—it is science.
Continue to weigh and prescribe.

IX.

Drink again to our system—our superior system;
For each who will use it, we'll rally and twist him
A garland of chamomile flowers;
And when every nation has learned this notation
Crime shall vanish and all through creation
A first-class millennium be ours.

—(*Hosp. Gazette.*)

MAY WE USE HOMŒOPATHIC MEDICINES?—Dr. C. H. Sanborn, of Hampton Falls, N. H., writes us: I am a subscriber and reader of your valuable journal, The first editorial in No. 15 suggests another question—will you or somebody else answer it satisfactorily?

Your question is, "May we consult with Homœopaths?"

My question is, "May we (regular practitioners) use Homœopathic medicines?"

If you say "No," with good reasons for saying No, that ends the matter.

If you say "Yes, you may try (when occasions offer) any kind of medicine which those who use it allege to be useful, and if in your hands it proves to be a valuable medicine, then you may properly use it,"—do you not open the door too wide?

With you I hail the discovery of new medicines, like Cascara and Grindelia, etc., but must we or must we not accept all new medicines or new forms of old medicines which on trial prove useful?

How large is the door which separates medicines, we may use properly from all other medicines or pretended medicines, and when shall the door be opened and who shall open it?

May a regular doctor prove all things medicinal as he has opportunity, or may he not?

I don't forget that a fool may ask questions; but don't call a *bona fide* subscriber to your journal a fool, or an ass, or any such a name.

[The doctor's questions, it strikes us, are well-timed. We know of no reason why a regular physician may not employ a homœopathic drug, so-called. The whole field of nature is open to us. It is only the exclusivist and the dogmatist who confines himself to one corner of this field. The question of doses is by no means a fixed question, and if experience shows a small dose to be as efficient

or more so than a large dose, it is our duty, as well as our privilege, to employ it, irrespective of any dogma with which infinitesimal doses may be identified. The palatableness of homœopathic medicines is their passport to public favor, and we should not stubbornly close our eyes to the lesson herein taught us.

"No pent-up Utica contracts our powers,
The whole boundless Universe is ours."

—Ed.]

Drs. Brodie and Hitchcock's Acceptance of the Position of Medical Examiners in the University of Michigan.

ANN ARBOR, July 20th, 1878.

Dear Sir:—At the recent meeting of the Board of Regents the following recommendation of the Committee on Medical Department was adopted:

"From and after the present commencement two Doctors of Medicine, citizens of the State, and in professional accord with the Department of Medicine and Surgery of the University, shall be annually appointed Examiners by the Board of Regents at the June meeting, and they shall act with the Faculty of said Department at the next succeeding examination of candidates for graduation in that Department, and shall jointly with such Faculty report to the Board of Regents the names of such candidates for graduation as they may deem worthy."

In accordance with that action you and Dr. Hitchcock, of Kalamazoo, were elected Examiners.

I trust you will add to the many obligations, under which you have placed us, by accepting the appointment. Please to write me your decision. Yours very truly,

James B. Angell, *President.*

Dr. Wm. Rrodie, M. D., Detroit.

I should add that provision is made for paying the necessary expenses of the Examiners while actually engaged in the performance of official duty as Examiners. J. B. A.

Detroit, Mich., Sept. 5th, 1878.

Hon. JAMES B. ANGELL, L. L. D.
President University of Michigan.

Dear Sir:—Your favor of July 20th, informing me of my appointment by the Hon. the Board of Regents, as one of the *Examiners* to act with the Faculty of the Department of Medicine and Surgery in the examination of candidates for graduation in that department, and report jointly with said Faculty to the Board of Regents such candidates as they may deem worthy, has been duly received and considered. It has been the desire of the Medical Profession of this State that the examining body should be distinct from the instructing, and not only in Michigan, but in the profession generally. I therefore look upon this action of the Board of Regents as the first step in the right direction, and trust it is the entering wedge in the divorcement of teaching and licensing in our profession. I therefore cordially accept the position assigned me. Very respectfully,

Your ob't servant,
Wm. Brodie, M. D.

Dr. H. O. Hitchcock writes: I shall accept the appointment of Examiner in the department of Medicine and Surgery, believing that such an appointment of Examiners from physicians of the State is a step in the right direction and one which we have long been seeking.

Rupture of Membranes in Labor.—Dr. J. Camp, of Bangor, has some very decided views on this question. He sends us the following as an embodiment thereof: "In your journal of August 10th, 1878, is an original article by Dr. E. Watson on 'Rupture of Membranes in Labor,' in which the doctor pronounces the advice of Mr. Plaister to rupture the membrane when the os is the size of a shilling 'Good practice.' I read the article by Mr. Plaister, and thought at the time, and still think that his advice was not good, on the contrary it was calculated to lead young practitioners into gross errors, and perhaps unsettle the opinions of some older ones. I have not the article, written by Mr. Plaister, at hand, but remember that, in qualifying, he partially redeemed himself. In Dr. Watson's article I find no redeeming clause. Short as it is, it contains more error than should be allowed to creep into a medical journal in a century. If the doctor is over-anxious to earn his money by manual labor in every case, I would advise him to take his ax along and chop wood at the door till the nurse calls him. He would then soon learn that his presence at the bedside is neither desirable or necessary, in nine cases out of ten, except for a moment or two, occasionally to see if nature needs a doctor.

His advice to rupture the membrane as soon as the time has arrived for actual labor, is simply preposterous. Instead of doing as he advises, it would be far better for the patient if the doctor was five miles away, driving a very slow horse. He would then, as a rule, get there as soon as his services would be required. Now, I don't know but Dr. Watson speaks for the profes-

sion in Sioux Falls, Dakota, but I doubt it. Let us hear from you, gentlemen.

[In this matter "*In medio tutissimus ibis*" must be the rule of practice. Dr. Camp's article would have been more valuable had he advanced some argument in support of his spirited denunciation of a practice which is certainly endorsed by some able accoucheurs. —ED.]

DOCTORS' NAMES IN PUBLIC PRINT.—Dr. Eugene Smith sends us the following, anent an article in our last issue for which he furnished the subject: "The communication of Dr. Herrick in the August 25th number of the NEWS, wherein he sees fit to whip the Code of Ethics over my shoulders, is based on an unwarrantable assumption on his part, so far as I am concerned, and were it not for the last paragraph of the doctor's letter, one would think him one of those 'sticklers after the Code,' of which ilk we have several in Detroit, who cannot bear to see any names but their own in print, and who even write *sensational* articles, and send them to the papers with a request to publish, yet decry the appearance of a brother physician's name and the physician himself, whether or not he is guilty of a breach of the Code. While I am free to confess that I care not whether or not my name appears in the daily papers, or how often it appears in connection with anything in the nature of public news—of course barring the police department—yet I do object, most emphatically, to the assumption, on the doctor's part, that *I* did it, or 'suffered' it to be done, and I cannot tamely submit to the implied impeachment. If Dr. Herrick thinks 'Dr. Smith's case a clear one for his expulsion from our State Society for violation of the Code of Ethics,' perhaps he had better prefer charges against me. I have not written this for the purpose of vindicating myself, but to correct Dr. Herrick's postulation."

THE WESTERN MICHIGAN MEDICAL SOCIETY held its first quarterly meeting in the parlors of Sweet's hotel, Grand Rapids, Wednesday, August 21st, with a good attendance. President H. F. Thomas, M. D., in the chair. The morning session, at 10 A. M., was mostly occupied by reading of minutes, reports of committees and general business. Afternoon session, at 2 P. M., papers were read by Dr. E. Boise on cholera infantum. Dr. E. K. Johnson, a plea for the Materia Medica; and Dr. C. Shepard, ovarian cystoma, in which the doctor recounted the history of his ten cases operated upon. Evening session, 8 P. M., discussion on diphtheria, and a paper read by Dr. Wm. Fuller on exophthalmic goitre, with details of a case. Nine new members were admitted, and applications received from others. The next meeting is to take place in Allegan, November 20, 1878. A. H.

AN ETHICAL QUESTION.—The following correspondence explains itself:

HOWELL, August 12, 1878.

WM. BRODIE, M. D.:

Dear Sir—I would be very much obliged to you if you would send me your opinion, in writing, upon a question of ethics, viz.: Is it a violation of the code of ethics, as adopted by the American Medical Association, for a regular physician to attend a post mortem examination in connection with homœopaths, said post mortem conducted by homœopaths?

Very truly yours,
C. V. BEEBE, M. D.

DETROIT, September 2, 1878.
64 Lafayette Avenue.

C. V. BEEBE, M. D.:

Dear Sir—I know of nothing in the code of ethics that could be regarded as having any legitimate bearing on the question of attending a post mortem examination conducted by a homœopathic physician, any more than riding in the same street car with one. If a regular physician should directly *assist* a homœopath in making a post mortem examination, and *specially consult* with him about the *nature of the morbid changes found*, it is possible that some would rank it the same as a *consultation at the bedside of the sick*. But it would seem to me an unnecessary *stretching* of the code. Yours very truly,

WM. BRODIE.

THE CHIVALRY OF THE LANCET.—The "Red Cross Knight," remarks a new weekly contemporary, "figures in numerous ancient ballads as a hero, and ready to go forth and battle with dragons and other monsters." After the period of the Crusades, however, we hear little of him, and the world has come to regard this dragon-encountering paladin as somewhat of a myth. It has been reserved for the nineteenth century to recall him to life. The surgeons who recently represented English humanity on Eastern battle fields, were truly "Red Cross Knights." With the Geneva badge on their arm, they have encountered dragons more terrible than any Amadis of Lancelot ever slew—the twin horrors of war and pestilence. The latter has succeeded in laying many of them low. Under the auspices of the various English Committees—Stafford House, the Red Cross, the Red Crescent, and the Turkish Compassionate Fund—a total of 105 medical men, mostly surgeons, have been sent forth. Wherever Russian and Turk were employing themselves in the fell work of mutual slaughter, in the shadow of Kars, amidst the horrors of Plevna, and in the fever-stricken

hospitals of Ezeroum,—the "Christian Knights" have well and nobly done their duty and a fatal duty it has proved. Nearly one-third their number were stricken down by fever, and in ten of these cases, the fever has proved fatal. Thus, literally, has our surgeon-regiment been decimated. England may well say, of each dead hero, as was said of the great soldier, whom fatal sickness struck down in the very moment when he and his colleagues had succeeded in turning the tide of the Indian mutiny—

"The prize he sought and won
Was the crown for duty done."

And the same deathless laurel must be accorded to the heroic women who, as sisters of charity, have also so nobly toiled and died.—*Students Jour. & Hospital Gaz.*

PARAGRAPHS.

Pope Leo is said to be seriously ill of cystitis.

The difference between a hill and a pill—one is hard to get up and the other is hard to get down.

Where there's a will there's likely to be a plea of insanity set up.

Dr. Skene, of New York, is satisfied from experiments already made that the microphone may be made useful in diagnosing pregnancy, and in the detection of uterine fibroids and other morbid growths.

An Ann Arbor gentleman consulting a physician regarding an injury he had received from a fall, was asked, if he was hurt near the *vertebræ*. "No, sir," was the reply, "it was near the observatory."

Dr. Crawford W. Long, to whom Dr. Marion Sims would accord the honor of the discovery of anæsthesia, died at his home in Georgia, June 15th, last, aged 63 years. The *Virginia Medical Monthly* gives him a suitable obituary.

The *American Medical Review and Index* is a new journal. It makes a feature of indexing the papers which appear in contemporary journals, and thus occupies a field heretofore not taken. The advantages of such a publication must suggest themselves. It is edited by Dr. James I. Hale, of Anna, Illinois, and furnished for one dollar a year. It is a good journal, but we hope to see a change in its proof reader.

The College of Physicians and Surgeons of Indiana, and the Indiana Medical College, have consolidated their forces under the name of "Medical College of Indiana." In unions like this there is strength.

Prof. Maclean was recently called up into the northern back woods, where at 11 P. M. and by the light of a tallow dip he performed a successful tracheotomy. He has promised us a report of the case.

A petition has been presented to President Hayes for the appointment of a commission of the ablest physicians and chemists to make a scientific investigation into the "cause, nature, treatment and future prevention of the fearful epidemic (yellow fever) now raging."

The sanitary authorities of the Tyrol compel midwives, under a penalty, to provide themselves with a five per cent. solution of carbolic acid. Before attending a case of labor they are obliged to wash their hands with a mixture of one part of this with four of water. All instruments, sponges, etc., which may have been used, must be similarly disinfected. It is hoped in this way to prevent puerperal fever.

The *Hospital Gazette* records the case of a young man who "dreamt" that he was taking an injection. He awoke about midnight to find that it was not all a dream. He had introduced into his rectum a nickle-plated pencil-case four inches long, which it required a doctor to remove. The young man was a habitual somnambulist.

A newly discovered property of salicylic acid is the anaphrodisiac effect following its use. Cases are reported in which 15 grain doses of salicylate of soda, five times a day, administered for some time, abolished all sexual desire, the return of which, after discontinuance of the medicine, was very gradual.

Some one recommended a Georgia farmer, whose hogs were troubled with fleas, to apply tar ointment as a remedy. Not having any lard with which to prepare the ointment he tried the pure tar. For several days the hogs failed to come home and he concluded to look for them. He found them in a bed in the woods, all stuck together like a lot of damp postage stamps.

The following is given in *Harper's Weekly*, as the copy of an invitation which Dr H. D. Payne issued to the members of the N. Y. Medical Club a few years ago :

"Sciens, Socialite, Sobriete."

Doctores—Ducum nex mundi nitu Panes; tritucum at ait. Expecto meta fumen ta te & eta beta pi. Super attento, uno. Dux, hamor clam pati, sum parates, homine, ices, jam, etc. Sideror hoc. Anser.

Festo Reason Floas Sole.

The daily papers had it that Dr. Robertson, of Battle Creek, had died of infection received at the *post mortem* of a woman who had died of septicæmia following a criminal abortion. It grieved us to learn that we had thus lost a subscriber, but on making inquiry into the particulars we were agreeably disappointed to find that the report was a "campaign lie," and that our subscriber still lives. He was infected as stated and came very near furnishing a morsel for the jaws of death, but, although he is a homœopath, he realized that here was a case which required medicine, and his better judgment asserted itself. By a liberal use of quinine, anodynes and whisky he is still spared, a monument to the saving power of rational therapeutics.

SELECTIONS.

The Treatment of Asthma.—In a recent communication to the Académie de Médecine, M. Germain Sée has strongly advocated the employment of two compounds of iodine in the treatment of asthma, iodide of potassium and iodide of ethyl. The former he had tried on twenty-four patients at different ages, and in every case but one he obtained remarkable results, although in several cases the varieties of asthma were different. Some hours after the administration of the drug there was a notable diminution in the symptoms of dyspnœa and oppression. The severe attacks were, in most cases, arrested at the end of twenty-four or forty-eight hours, and by the continued employment of the drug the severity of the disease was greatly lessened. By administering it some hours before an expected seizure the regular attack would be prevented, and by giving it during an attack its intensity was much lessened. The dose with which Mr. Sée commences is a scruple a day, with or without a little opium, and is generally increased to half a drachm or two scruples a day, the doses being given at meal times, so as not to irritate the stomach. He maintains that iodism, when it occurs, is produced as much by small as by large doses of the drug, and he corroborates the statement of M. Gosselin, that commencing iodism may often be arrested by doubling the dose. Occasionally he combines with this treatment the administration of fifteen or thirty grammes of chloral at night to promote sleep. The first action of the iodide is to increase the secretions of the respiratory tract, the dryness of which intensifies very much the distress during the seizure. The sibilant râles which mark the onset of the attack disappear, the dyspnœal distress is lessened, and breathing is rendered, in a few hours, far more free; orthopnœa yields to normal respiration, recent emphysema disappears, and the increased resonance becomes normal. Whether the asthma be nervous or catarrhal, the effect is the same, and hence he supposes that the iodide may act directly upon the nervous system. The remedy can hardly, however, be regarded as a cure, since, in order to maintain the good effect, it is necessary to continue its administration for months, or even years, or the attacks will recur. The use of iodide of potassium in asthma is not so new as Dr. Sée supposes. It is an old American remedy, was used by Trousseau, and was recommended by Dr. C. J. B. Williams some years ago. An actual attack of asthma may, M. Germain Sée states, be at once arrested by the administration of five to ten drops of iodide of ethyl. The relief is so immediate and complete that the patient begs for more of the remedy. Iodide of ethyl is a compound of iodine and ether. The latter has long been employed in the treatment of the asthmatic attack. We doubt whether iodide of ethyl will be found so potent or uniformly successful as the nitrate of amyl, which, employed for this purpose by the late Dr. Anstie, is certainly a remedy of the greatest value.—*Lancet*

Arsenic in Obesity.—Dr. Jas. T. Whittaker, in the Cincinnati *Lancet and Clinic*, reports favorably on the action of arsenic as an anti-fat remedy. His report is based on the result of a trial in four cases. In view of the facts that the arsenicophagi of Styria accustom themselves in early life to small doses (which they eat with their cheese) and are thus improved in wind and muscular force, and that old experienced grooms feed it to horses and fancy cattle breeders to stock with a view to fatten them, it seems somewhat paradoxical that arsenic should be recommended for an opposite effect in man. But the paradox is based upon a defective knowledge of its *modus operandi*. It is not the arsenic itself which is converted into fat. The idea is absurd. Arsenic makes fat by building up the tissues generally. It increases the appetite, stimulates the flow of the digestive juices and above all, increases the power of assimilation. These effects are all the direct results of the power possessed by arsenic, in common with many other agents, of hastening the transformation of the latent force in the food into the potential force in the body. Coffee, tea, notably cocoa, are other dynamophorous agents of this kind. They are in themselves not aliments, but they

facilitate the digestion of aliments already ingested and the appropriation of the digested results.

Precisely what physiological changes cause the abnormal increase of fat, commonly known as obesity, or cause fatty metamorphosis generally, are not definitely known, The most plausible hypotheses have been propounded by Voit, who thinks that it may be dependent upon the effect of a too small supply of oxygen, through arrested or destroyed nutrition, whereby the fat, which, in the same quantity as normally, proceeds from the decomposition of albumen, does not receive enough oxygen for its complete oxidation. Or there may be a greater than normal decomposition, so that more fat is generated than can be oxidized.

Arsenic may act in the reduction of fat by simply increasing the absorption of oxygen gas, and thus securing its decomposition into carbonic acid gas and water after the usual way. For this remedy has long been administered empirically and with great efficacy in asthma and allied diseases, attended with a diminished inhalation or absorption of oxygen gas.

New Method of Compression of the Iliac Artery in Amputation at the Hip-Joint.—Mr. Richard Davy, of the Westminster Hospital, remarks that in all severe operations, one of the first considerations of the surgeon is to anticipate shock, and to prevent the loss of blood. He accordingly permits a patient to have a glass of wine or brandy and water about an hour before the operation, with a result that partakes more of a sedative than of a stimulant character; apprehension is assured; cardiac tone is gained; fitness for the ordeal is exhibited. The American surgeons devised pressure on the aorta for hæmostatic ends during amputations high up towards the pelvis. Lister arranged a horseshoe clamp and screw-pad for compressing the aorta above the umbilicus. Dr. Davy saw this mechanism employed in Syme's operation on gluteal aneurism in 1860, and in 1874 he drew Mr. Holmes' attention, who was then lecturing in the College of Surgeons, to the possibility of controlling the aorta, common iliacs, and internal iliacs, by pressure through the rectal wall, which he considers a less serious procedure than compression of the aorta through the abdominal wall. Last January a favorable case presented itself for testing the value of the suggestion in a boy suffering from morbus coxæ, and requiring amputation at the hip-joint. In the performance of the operation the right leg and thigh were emptied partially of blood by Esmarch's bandage, chloroform was administered, and about one ounce of sweet oil was injected into the empty rectum. A straight lever of wood (run smooth and round out of a lathe) was introduced *per rectum;* the small end was applied over the right common iliac artery between the bodies of the lumbar vertebræ and psoas magnus muscle; the projecting part of the lever ran nearly parallel to the left thigh. Mr. Bond readily compressed the common iliac artery by elevating the projecting arm of the lever, the perinæal tissues acting as a fulcrum. As the lever was raised or depressed, so did the right femoral artery cease or continue to pulsate. The left femoral was undisturbed, beating with regularity throughout. A long square anterior flap was made by transfixion over the joint, the muscles and capsule were divided, and a short posterior cut severed the limb. The arteries were tied, sutures inserted, and the boy placed in bed. About a wine-glassful of blood was lost. The boy recovered, with the exception of one or two small sinuses.—(*Brit. Med. Jour.*)

How to Measure the Length of the Lower Limbs.—Dr. Henry Banga gives the following directions, in the Chicago *Medical Journal and Examiner:*—

The anterior superior spinous process of the ilium is carefully marked, on both sides, with ink or a colored pencil, while the patient keeps a horizontal position in bed. He then is directed to rise to his feet, and to assume as straight and natural a position as possible. Especially must both feet be brought into natural abduction, the heels touching, if possible, one the other. The practitioner, who is standing at a distance of from two to three yards before the patient, will at once recognize the shorter leg from the lower position of the corresponding spinous process. An assistant should then put pieces of wood, one-eighth of an inch thick, under the foot of the shortened leg, till the anterior superior spinous processes are on a level. The height of the wood block necessary to raise the lowered spinous process to the horizontal line designates the accurate amount of shortening.

If the practitioner should not trust his eyes in judging of the symmetry of the pelvis, he can establish a very simple level by placing between the patient and himself a table, whose edge will guide him in appreciating the horizontal relation of the marked processes, or he may resort to the instruments that stone cutters use in similar cases.

I hardly need add that the measure of the height of the pile of boards on which the shortened leg rests should be taken while the patient is standing on it.

I am satisfied that this simple method of measuring the shortening of limbs enables us to demonstrate very small differences, such as require no correction at all. Furthermore, if the measure is taken while the patient is erect, the full weight of his body forces the muscles and joints of the lower extremities to assume their natural position. We should thus be able to avoid the many errors to which Dr. Bartlett has called attention, as resulting from differences in adduction, abduction and flexion.

A NEW TREATMENT OF TAPE-WORM.—The idea of cooking a tænia in the canal itself, and thus substituting ordinary digestion for the disagreeable means hitherto employed to effect expulsion of the parasite, is a happy innovation which has been successfully carried out by Professor Bouchut at the Children's Hospital, Paris. Male fern oil, kousso, and the bark of the pomegranate root are the anthelmintics usually employed; but their action is violent and often uncertain. A careful inspection will always enable the medical attendant to discover the ova and fragments of the parasite in the stools; and when this has been done we have a simple and effectual method of insuring a cure. From the results of numerous experiments M. Bouchut had ascertained that not only ascarides, but fragments of tænia, when placed in a weak alcoholic solution containing one thirty-fifth of amylaceous pepsine, are digested by the fluid in the course of twelve hours. We thus obtain an artificial digestion of the animal matter exactly similar to that which ensues when meat is treated by the same process. On submitting the conclusion drawn from his experiments to the test of practice at the Enfans Malades, M. Bouchut found that the solution of pepsine was eminently successful. If his experience be confirmed, a valuable addition will be made to adult as well as to infantile therapeutics. In conclusion, we may observe that animal food is, almost certainly, the channel through which the parasite is conveyed; and hence that official inspection of suspected dealers in meat would form a useful adjunct to the practice of the physician.—*London Medical Examiner.*

A REMEDY FOR THE ERUPTION OF POISON OAK, IVY AND SUMACH.—Dr. S. A. Brown, U. S. N., reports (*Med. Record*) that he has found a specific for the eruption caused by contact with poison oak, sumach, ivy, huahoo, cashew nut, etc. He writes: "This specific is *bromine.* I have used it with the same unvarying success in at least forty cases. The eruption never extends after the first thorough application, and it promptly begins to diminish. Within twenty-four hours, if the application be persisted in, the patient is entirely cured. There is no pain attending its use, as from that of astringents. Of course, the epidermis peels off as after other treatment. I use the bromine dissolved in olive oil, in cosmoline, or in glycerine. The application with glycerine is painful, and, I think, possesses no advantage to compensate for the irritation. The strength of the solution is from ten to twenty drops of bromine to the ounce of oil, used by rubbing gently on the affected part three or four times a day, and especially on going to bed at night. You wash off the oil twice a day with castile soap. The bromine is so volatile that the solution should be renewed within twenty-four hours of its preparation, as it will get out of a bottle, however well-corked. It is best to stand the bottle on its cork end, in the intervals of application."

SULPHATE OF MANGANESE AS A CHOLAGOGUE.—Dr. T. M. Bridges writes to the *American Medical Bi-Weekly:*

I noticed in the *London Lancet* for June 15th, 1878, a paper by Dr. Goolden relative to the excellence of the sulphate of manganese as a substitute for calomel. Many persons, and especially the lower classes, are violently prejudiced against the use of mercury in any form; so much so that if a physician prepares a powder of any kind, very often the first question is; "Is there any calomel in that, Doctor?"

These reasons, coupled with the many contraindications one meets with in practice to the use of this drug, induced me to give the sulphate of manganese a fair trial, and it affords me pleasure to fully corroborate Dr. G's views regarding this drug as a cholagogue. I use it in doses of ten grains to half a drachm, combined with a drachm or two of the sulphate of magnesia, as this latter seems to correct a slight tendency the drug has to produce nausea in some cases. I have used it in all cases, from the infant of one year to the adult of seventy, and it has invariably served me admirably.

IODINE AS A SUBSTITUTE FOR QUINIA.—For years the high price of quinia and its frequent failures to check the course or prevent relapse of intermittent fevers has made it very desirable to find some substitute. Almost every agent in our materia medica has been tested, and yet quinia remained without an equal in the opinion of the best authorities. Of all the febrifuges, arsenic is the most reliable, but

only when administered in large doses (10-15 drops of Fowler's solution twice or thrice daily); this, however, a physician must often hesitate to do. Dr. J. Nowodnitschauski who lives in a district in which malarial fever prevails, states (*St. Petersburger Med. Wochenschrift*, No. 21, 1878) that for a long time he has employed iodine in a spirituous solution and has obtained very favorable results. At intervals of eight hours he gives ten or twelve drops of tincture of iodine in a half glass of sweetened water; if the fever is soon checked he continued with smaller doses at greater intervals, for a considerable period of time. In the course of his long continued observation he found that in many cases iodine acted more effectually than quinia. When given boldly, in the doses above recommended, iodine will never rank second to quinia in the treatment of intermittent fever. A cumulative action of this agent need not be feared, as it is very promptly excreted by the kidneys, skin and salivary glands.

ARTIFICIAL RESPIRATION IN THE NEW-BORN.—Dr. Francis Imlach, in the *Lancet*, says in regard to artificial respiration in the new-born infant: "Doubtless, in the majority of still-births, the sole care is to establish respiration; but, sometimes with gasping inspiratory efforts, there is imperceptible heart-beat, and often, while as yet artificial respiration has failed, the heart-beats, at first quick and strong, grow slow and weak. In such cases, mere continuance of artificial respiration becomes almost hopeless, and I inject ammonia into the umbilical vein. A convenient instrument may be obtained for a few pence. Fill a two-drachm drop-bottle with one part of liquor ammonia and four parts of distilled water, and replace the upper expanded part of the perforated glass stopper by an imperforate rubber teat. The diameter of the tube of the stopper, which is inserted into the vein, should not be more than one-tenth of an inch. Empty the vein of blood, and gently fill with the solution to the umbilicus. Drop by drop impel it by the finger toward the heart, and, when its beat is strengthened, carefully drain the vein of the superfluous solution, and apply a ligature. The effect on the heart is often instantaneous, but respiration is not markedly influenced, and still requires aid."—*N. Y. Medical Journal.*

TREATMENT OF UNUNITED FRACTURE.—Mr. Fitzgerald, surgeon to the Melbourne Hospital, in view of the unsuccessful results attained by the milder and severer remedies commonly used in treating this troublesome accident, strongly advocates the injection of glacial acetic acid, 5 to 10 minims, by means of the hypodermic syringe, between the united ends of bone. His experience of this method of treatment has been uniformly successful. It is attended by sharp pain at first, but this quickly subsides. Any cartilaginous thickening that may be present is soon resolved and re-absorbed, and bony union takes place rapidly, a position of the ends of the bone being secured by well applied splints.—*Med. Press and Circular.*

FORMULARY.

FOR COLLIQUATIVE DIARRHŒA.

The following is a favorite prescription with Dr. Da Costa.

		Grams.	Centigr.
℞.	Morphia acetatis.....gr. ij	(	12)
	Potassii cyanidi.....gr. j	(	06)
	Acidi acetici..... ʒ j	(4	00)
	Ext. pruni virg. fl.....		
	Mist. acaciæ.....āā ʒ ij	(65	00)

Mix. Sig.—a teaspoonful 4 to 6 times a day.

FOR CEPHALALGIA.

Dr. W. W. Carpenter in the *Medical Brief* recommends:

℞.	Ammon. muriatis..... ʒ iij	(12	00)
	Morph. acetatis.....gr. j	(	06)
	Caffeine citratis..... ʒ ss	(2	00)
	Spt. ammon. aromat..... ʒ j	(4	00)
	Elix. guaranæ..... ʒ jv	(128	00)
	Aq. rosæ..... ʒ jv	(128	00)

Mix Sig.—a dessertspoonful every 10 or 15 minutes.

RUSSIAN REMEDY FOR FRECKLES.

℞.	Zinci sulphocarbolatis..... ʒ j	(4	00)
	Ol. limonis..... ʒ j	(4	00)
	Alcoholis..... ʒ v	(20	00)
	Collodion..... ʒ xlv	(180	00)

Mix. To be applied with a camel hair brush.

BLUE BLACK WRITING INK.

℞.	Aleppo galls, bruised..... ʒ jx	(290	00)
	Bruised cloves..... ʒ ij	(8	00)
	Cold water..... ʒ lxxx	(2560	00)
	Sulphate of iron..... ʒ viij	(256	00)
	Sulphuric acid..... ♏ lxx	(4	50)
	Indigo paste..... ʒ jv	(16	00)

Place the galls with the cloves in a gallon bottle, pour upon them the water, and digest, shaking often for a fortnight. Press and filter through paper into another gallon bottle. Next put in the sulphate of iron, dissolve it, add the acid and shake briskly. Lastly, add the indigo, mix well and filter again through paper. The ink is to be kept in well corked bottles. The writing is at first pale green, but it soon turns to deep jet black. It is not copying, but may be rendered such by the addition of sugar or glycerine.—*Druggists' Circular.*

The Druggists' Circular gives the following as a cheap paint for rough woodwork or fences: Six pounds of melted pitch, one pint of linseed oil, and one pound of brick dust or yellow ochre. It is excellent and will stand for years.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, SEPTEMBER 25, 1878. No. 17

EDITORIAL.

HELP TO THE YELLOW FEVER SUFFERERS.

We have received several communications requesting our views relative to the advisability of physicians from this State going south to attend the unhappy yellow fever sufferers. We can only refer our correspondents to the advice given by the Howard Association. This noble band of philanthropists realizing the dangers of the situation, have, while not refusing much needed aid from whatever source, discouraged the idea of personal assistance from unacclimated persons. The virulence of the present epidemic is such as to make it almost suicidal for one not acclimated to submit himself to its influences. While there are doubtless many in this State who would risk even life at the call of such fearful distress as is now spreading devastation and ruin in the fair south, the circumstances are such as call for a proper discretion. The physician going from the north would in all probability be not only useless but would, by his almost certain succumbing to the pestilence, but add to the measure of the existing calamity. The most we can do is to aid by our contributions, and encourage by our sympathy.

The spectacle of our brothers in the profession remaining at their posts, and even dying there by the score, in spite of the general hegira from the infected districts, is one which challenges more than the admiration of humanity. No field of battle ever witnessed such heroism. To face even certain death surrounded by the pomp and circumstances of war is one thing, but to battle with the unseen destroyer in the death-like stillness of the town, deserted by all who can fly from the danger, with no one to speak an inspiring word of hope, and not knowing the moment the pestilence which wasteth at noon day may lay one low, calls for a higher and more moral courage. Already some fifty names have been reported by the telegraph of those of our profession who have laid down their lives in this cause.

The *Medical Record* thus fittingly alludes to this sorrowful subject:

"To the medical practitioner there is an interest in the occurrences which is hidden from the ordinary eye, and which proves an intensity of devotion to professional duty scarcely appreciated by the public at large. The people expect personal sacrifices because they are the rule with the profession, forgetting, perhaps, that the life of the doctor is as precious to himself and family as if he were another person. The real fact, however, is that during a pestilence, and always knowing the danger, the physician never hesitates to hazard life in the performance of professional work, and falling with those around him he elevates his action to that sublimity of heroism which can only belong to a willing martyrdom for helpless suffering. When the cry of help went over the land the merchants and bankers pitied the sufferers, and, with a generosity worthy of the cause, emptied their coffers into the common charity; the Howards came to the rescue, and, with their valiant band of helpers, distributed their good offices everywhere; and, lastly, the humble doctor offered his services to stem the tide of devastation and death. Death is in the line of his duty, and the greater the force of the pestilence the more stubborn must be the fight. But the struggle is so unostentatious that no one hardly knows it is going on. He takes his stand at the lone cot of the pauper, under cover of the night, in the silent chamber of the dying, with his life in one hand and help in the other, with pestilence stalking everywhere—and yet there is something within him which, for want of a nobler name, is called duty, which always serves him to fight persistently, silently, and patiently to the end."

The dreadful ordeal through which our brothers in the south are passing has its lesson for us. It must raise our minds above everything sordid in our profession, and convince us of the inherent grandeur of our calling. It should stir up within us a renewed sense of our grave responsibilities, convincing us that personal aggrandizement is but a secondary object in the practice of medicine. Let us cherish the memory of our fallen comrades. May it stimulate us in the less calamitous but, nevertheless, still trying ordeals which it is occasionally ours to pass through. Remembering their noble fight and nobler death, may we never flinch when duty calls. J. J. M.

EXACTNESS IN DIAGNOSIS.

The August number of the New Orleans *Medical and Surgical Journal* records a very remarkable instance of the exactness to which diagnosis may be brought. The case reported is of intense importance from its medico-legal bearings.

On the morning of December 28th, 1876, Narcisse Arrieux was found dead in his store. An examination revealed murder, and that death was caused by injuries which caused an extensive compound fracture of the cranium. Several four-pound iron weights lying hard by, and containing blood and grey hairs, had evidently been the weapons employed.

A powerful negro, Wilson Childers, who was known to have been at Arrieux's store on the night of the 27th, was suspected of being one of the assassins. Upon his arrest, a number of red spots were found on his clothing. The prisoner alleged that these were daubs of red paint, which were rubbed off a barrel of whisky which he had handled for a merchant. There being no microscope of sufficient power in the town, portions of the clothing containing the spots were sent to Dr. Joseph Jones, Professor of Chemistry in the Medical Department of the University of Louisiana, for examination. This examination convinced Prof. Jones not only that the stains were blood, and human blood, but also that it was *from a person who had suffered, and was probably suffering at the moment the blood was abstracted, with malarial or paroxysmal fever.*

Such a report necessarily brought Prof. Jones upon the stand as a witness for the prosecution, and subjected him to a very rigid cross-examination. His opinion that the person from whom the blood was abstracted was suffering from malarial poisoning was based on the presence of melanæmic corpuscles. These indicated the destruction of the blood discs, and the escape of the hæmatin of the red corpuscles, which is characteristic of malarial fever.

This thoroughly scientific statement was confirmed by the testimony of two physicians, under whose treatment the murdered man had been for intermittent fever. It might be stated that when the spots were examined by Prof. Jones he had no knowledge of any of the circumstances of the murder, and did not even know that the cloth containing the spots was from the apparel of the murdered man. This statement is not, of course, necessary in this connection, further than to convince any doubtful reader that there was nothing in the case which could possibly have tended to influence Prof. Jones (even if this were possible) in his opinion as to the clinical condition.

With such results before the community, all question as to the value of scientific knowledge in the furtherance of the ends of justice must cease. It is refreshing to read Prof. Jones' positive testimony—the antithesis of the non-committal, equivocal opinions, born of ignorance of their subject, one usually hears from those giving expert medical testimony on the witness stand. J. J. M.

The following have remitted since our issue of August 25th:

Michigan—J. M. Rhodes, Chas. A. Bogert, Henry Taylor, L. R. Chaddock, H. J. Turner, James F. Grove, F. A. Howe, E. Hollingshead, F. A. Tenney, A. B. Lull, W. C. Thompson, W. H. Rouse, J. S. Rouse, J. B. Parke.

Illinois—T. M. Carroll, W. H. Gibbons, J. B. Sprague, W. C. Maull, John Becker, Truman A. Hand, V. E. Archibald, D. LeRoy, R. H. Engert, N. J. Benson, Wm. Henshaw, Robert Boal, Henry L. Dickson, James Easton M. C. Pace, E. McJilton.

Iowa—L. French, J. D. Miller, John G. DeWolf, J. C. Lovejoy, J. J. Porter, Oscar Burbank, S. M. Cobb, B. B. Forbush, M. J. Hyde.

New York—J. C. D. Conway, J. H. Allen, G. W. Easton, E. H. Millington, E. L. Ford, E. Mulheron, George Padiera, J. B Lung, R. A. Adams.

Ohio—J. B. Humphrey, E. C. Thomas, J. Swayne, S. Sowders, A. S. Crafts, A. C. Knestrick, W. E. Moore, Robt. T. Frazer, F. V. Floor, E. H. Day.

Indiana—J. C. Rutledge, Wm. Strange, Saunders & Baylor, J. Francis, Joseph Spaulding, F. M. Abbett, J. W. C. Scott, J. B. Schultz.

Missouri—G. W. Edwards, Wm. A. Dudgeon, F. B. Moore, E. Davison, S. D. Milhey, Wm. F. Kier

Massachusetts—John J. Shaw, B. B. Boynton, Edwin Mayberry, V. L. Owen.
Pennsylvania—J. S. Carter, George Grove, C. W. Barringer, M. C. Dunnigan, Charles L. Young.
Minnesota—M. C. Mercer, C. A. Cromett, J. S. Richardson.
West Virginia—John Carpenter, Geo. B. Woods.
Virginia—F. D. Kernan.
Delaware—Benjamin B. Groves.
Vermont—J. C. Campbell.
Nebraska—A. L. Rot.
Louisiana—C. H. Tebault.
Kansas—W. W. King, R. B. Mosher.
Connecticut—Garwood H. Atwood, S. E. Peck.
Kentucky—A. Alonzo.
Wisconsin—F. H. Linde, J. B. Cargen.
Maine—Geo. E. Brickett.
Liberia, Africa—Julius W. David.

ORIGINAL ARTICLES.

REMARKS ON EXTRACT OF MALT AND ITS COMBINATIONS.

From a paper read by J. J. MULHERON, M.D., at a meeting of the Wayne County Medical Society.

* * * * *

I appreciate the fact that many of our more conservative members are inclined to look with distrust on many of the new prepara tions which enterprising pharmacists are giving to the profession. This feeling, it must be admitted, has too much foundation in the impositions which unscrupulous manufacturers have practiced; but there is a possibility of carrying it too far. The profession of this country, besides being intensely practical, is also tolerably discriminative; it soon learns what estimate to place on anything it has put to practical test, and the fact that an article is spoken of with favor some years after its introduction is pretty good presumptive evidence of merit. This time-test successfully withstood should justify a trial of any remedy by the most conservative. * * * Among articles of comparatively recent introduction in this country may be mentioned Extract of Malt, prepared after the method of Trommer. Although for a long time enjoying the confidence of the profession of Europe, and particularly of Germany, it has been before the profession of this country for only about five years. It has stood the time-test alluded to, and is to-day more popular than at any time since its introduction. Its combinations with other articles has increased its popularity, and these combinations are, perhaps, more generally employed than either of their constituents.

My experience with Extract of Malt has been confined to its use in diseases of malnutrition and mal-assimilation. In such affections the stomach and the digestive portion of the intestines are primarily involved, and these failing in their functions, decomposition takes the place of digestion and we have absorption of unnatural products, with the long line of disorders which follows, and to which a variety of names is applied.

Before any local trouble manifests itself dyspeptic symptoms call for relief, and the failure in the digestion of carbonaceous ingesta is rapidly followed by loss of weight, sometimes even to emaciation. Theoretically, then, the remedy indicated at this stage is one which shall improve digestion. The whole gamut of the materia medica has been run for such a remedy. Tonics, alteratives, sedatives, stimulants, etc., have in turn been tried and found wanting. * * * An analysis of Extract of Malt suggests this article as a valuable agent, and its employment quite justifies the hope inspired of such analysis. Besides its tonic properties, it is rich in food (glucose) which has undergone an important step in the process of digestion. In the latter property it possesses a great advantage over cod-liver oil, which so often not only offends the impaired stomach, but which is, under most circumstances, so difficult of digestion.

It is further valuable because of its property of emulsifying cod-liver oil, and thus aiding in the digestion of the latter, and, indeed, it is in such combination that I have had most experience in its use. In several cases in which I regarded the oil as indicated it positively disagreed, but became perfectly tolerable when given in emulsion with the malt extract.

In support of the proposition that Extract of Malt merits a thorough trial at the hands of the profession, I submit the following reports from cases which have been under my charge:

Mrs. R. consulted me three years ago last May for an annoying cough. I ascertained that her health had been failing for some time and that she had lost flesh appreciably. She complained of dyspnœa on the slightest exertion. Expectoration was very scanty and of tenacious mucus, with occasional streaks of blood. Digestion very imperfect, with much acidity and eructation. Appetite very poor. Inspection revealed diminished expansion in the infra-clavicular portion of left lung. Percussion elicited but slight dullness. Auscultation showed respiration to be interrupted in its rhythm and somewhat bronchial. Here was a case of incipient fibrous phthisis, a diagnosis made more clear by its subsequent history. I placed her on cod-liver oil, and ordered a mixture for the relief of the annoying cough. The latter had the effect of giving slight relief, but the oil was not tolerated. After three months it was painfully manifest that the disease was progressing.

Shortly after this she became pregnant, and this was followed by an improvement of

all the symptoms referrable to the lungs. With the exception of a slight roughness in the respiratory murmur, no trace of the lung difficulty remained at the sixth month of pregnancy. At the seventh month, however, she miscarried; the child lived thirteen hours. Immediately after the unfavorable lung symptoms returned with increased severity, and continued in spite of treatment. I then placed her on Extract of Malt. After taking two pints of the plain extract, an improvement in her digestion and in her general symptoms was noticeable. I then gave her the combination of the extract with cod-liver oil. After a bottle of this (which agreed perfectly) had been taken she was able to leave her bed for the first time since her confinement, three months previous. She has since been taking regularly the malt with the oil in combination, and on a visit to her yesterday I found that the disease had made no progress since my last examination some three months ago. The respiration sounds have improved, if anything, and I am led to hope that ultimate permanent good may follow the treatment. I cannot but believe that had the Extract of Malt been resorted to when I was first consulted a train of very threatening symptoms might have been averted.

Miss W., aged 19, consulted me October 5, 1877. Her's was a typical case of chlorosis. She had consulted and had been treated by several of our leading physicians, but without benefit. Supposing that the usual remedies in such cases had been employed, I placed her on Extract of Malt with cod-liver oil and iodide of iron. The improvement which followed was very marked, and after the sixth pint had been taken, menstruation, which had been suspended for several months, was re-established, and after taking two more pints further medication was considered unnecessary.

I regard the combination of Extract of Malt with pepsin as one of the most valuable additions to our list of physiological medicines, and, without taking up your time with the details of cases in which I have employed it, I know of no remedy of such wide application and of such service in functional dyspepsia. In that deplorable condition of the stomach following the drunkard's prolonged debauch, Extract of Malt with pepsin is of great benefit. In the emaciation and condition of marasmus, following the summer diarrhœa of children, it is also a sovereign remedy. The hints on epidermic medication in a recent number of the *Michigan Medical News* by Dr. Wade, of Holly, led me to apply it in the manner recommended and with very favorable results.

Extract of Malt is by no means a specific remedy, and though I have employed it in tuberculosis with little or no benefit, yet I regard it as inferior to no other agent in such cases, while its combinations constitute the most valuable means in our hands.

CASE OF ACUTE PULMONARY TUBERCULOSIS.

BY ALEX. EWING, M. D.

On the 27th of July last, was called to visit Joseph Elders, aged 26 years, of nervo-sanguine temperament, light complexion and hair, and very active habits.

I found him suffering from an attack of hemoptysis, which had begun some six hours before my visit, and had been under the care of another physician during my absence in the country. The quantity of blood expectorated had been, perhaps, 24 ounces, but was readily arrested; and next day, on my visit, I found him rather weak, but otherwise quite comfortable. I cautioned him about talking much or taking too much exercise, and advised that he remain quiet for several days. I did not think much more about the case until four days later—July 31—when I was again called to see him, and found that he had just returned from Detroit, where he had gone to dispose of cattle, being a drover; that, while in Detroit, and feeling bad, he called upon Dr. D. O. Farrand, who had prescribed for him, and sent the prescription along, to be shown to me. The hemorrhage had not returned, and, on examining chest, found evidence of a cavity near apex of right lung. I *heartily* approved of Dr. Farrand's treatment, and directed him to continue it, without change. I did not again see the case until August 2—two days afterwards, in the evening—when I was struck with the peculiar lividity of prolabia, tongue and fingers. Pulse, 120; respiration, 40; temperature, 102½. The entire right chest was exceedingly dull, and with but little resonance of left; breathing largely abdominal. The right chest was already covered with pustules, having been freely painted with oil croton, ether and tinct. iodine. Ordered verat. vir. to reduce pulse, with amon. mur. and ext. glycyr. in solution.

On the night of the 3d, all the symptoms pointed to speedy dissolution. Pulse, 130; respiration, 45; abdomen tympanitic, with low, muttering delirium. Ordered emulsion terebinth. and stimulants.

4th.—Symptoms improved. Slight respir-

atory murmur over portion of right lung, which improvement kept up for several days.

About the 8th, sent for Prof. Maclean, of Ann Arbor, in counsel. I had diagnosed a case of acute miliary tuberculosis, to which the doctor gave ready assent, as he did to the treatment, but thought, with me, that there was no hope of recovery, and was very desirous of an autopsy. The patient continued to grow weaker until the 16th of August, when he died.

On the 17th, Dr. Maclean, with two students from Ann Arbor, came up, and, with Dr. Palmer, of Waterloo, Dr. Lee, of this place, and myself, a post mortem was held. The right lung was fairly stuffed with miliary tubercles; the left studded nearly all over with the same hard, semi-transparent little bodies, not larger than millet seeds. On the surface of lung there were very many places where the miliary bodies were so crowded that the surface was elevated and fluctuating; and, when cut into, showed evidence of disintegration, fairly appearing to break down from over-crowding. We found two cavities near apex of right lung overspread with the broken-down products of tuberculosis matter. After the autopsy was concluded, a close inspection of the cut surface of a portion of right lung showed that the air passages were so crowded upon that many of them were fairly occluded, and this, in great measure, accounting for the severe dyspnœa at early stage of attack, as also for the lividity noticed at the same time.

I offer you this case for publication, as I regard it of interest. This man, up to the attack of hæmoptysis, was in fair, but not vigorous health, and yet in nineteen days from that attack, life is destroyed.

Dexter, Mich., August 23, 1878.

A CASE OF ERYSIPELAS.

BY E. HILSEY WOOD, M. D.

On the 28th of October, 1875, I was called to see John S., a German laborer, working on a farm about a mile from the village. The patient was suffering from an attack of erysipelas of the face, which had commenced in a pustular eruption in the nostrils, and thence had spread over the nose and to the forehead, centrally, midway to the roots of the hair. The patient had recently come from Muskegon, where, he said, an attempt had been made to drown him, by two men, for the purpose of robbery. They had thrown him into the river, from which he emerged thoroughly chilled, and, after a night's rest, he started for this village. Here he soon obtained a situation, and was put to work husking corn. The weather was raw and chilly, and the result was that he was taken sick, his illness being ushered in with a chill, and his disease soon developed into the form which was readily diagnosed as erysipelas. The treatment consisted of a cathartic at night, composed of equal portions of blue mass and compound ext. of colocynth, followed by a Seidlitz powder in the morning. Collodion was applied over the inflamed surface, and quinine was given, in doses of four grains every six hours. The quinine and collodion treatment was continued from day to day, without change, for four days. In the meantime, the erysipelas traveled down into the cheeks, thence to the jowls, and when here it seemed to be checked, not manifesting a tendency to spread for 24 hours. At this time the patient refused to take the medicine, and the disease spread to the ears, both of which were largely swollen. Thence it passed internally, traveling down the meati and Eustachian tubes to the throat, and thence, on the morning of the fifth day, it had advanced to and invaded the lungs. Respiration was taking place at the rate of about 40 per minute, and the pulse was 100. The patient was delirious, but not violent, and was fully under the effects of the blood poison. The remedy (quinine) was increased to four grains every hour, with an ounce of whisky. Wine had been previously used, and the patient had been well nourished with wholesome, strong broths and soups, while the state of the bowels had been attended to. The condition of the patient continued as described for forty-eight hours, and during this time more than 200 grains of quinine, and over three pints of whisky, were given to him. On the morning of the seventh day the erysipelas made a metastasis to his forehead, and appeared only as a slight flush, the skin being slightly thickened. It traveled thence down to the left jowl, and terminated in an abscess, from which was evacuated a teacupful of very laudable pus, and the patient, under appropriate treatment, was soon convalescent. At the crisis of the disease, the patient evacuated a large quantity of urine, heavily loaded with albumen, and having a strong hippuric odor. The quinine and whisky were alone relied upon in the exceeding gravity of the case, consequent upon the retrocession of the disease. The rather unusual course pursued by the disease, and the sudden metastasis to its original seat, seem to me to be the remarkable points in this case.

Hersey, Mich., September 2, 1878.

Post Mortem Condition of a Patient who died Shortly after Dilatation of a Urethral Stricture.

BY DR. J. H. BEECH.

At the post mortem examination of the body of Mr. J. E. Smith, age 44 years, who died, suddenly, at his residence at Coldwater, Mich., the pericardium was found distended with blood,—serum flowing out upon incision, and the crassamentum firmly coagulated about the heart,—which had flowed through a rupture in the coat of an aneurismal *sacculus*, which was itself an outgrowth from a fusiform aneurism of the aorta, extending from the valves along the ascending portion.

The circumference of the dilated vessel, at its largest part, was double that at the *ostium ventriculi*, or at the summit of the arch. Three similar *sacculi* existed near to the ruptured one, two of them about its equal in size, each capable of containing about *six grammes*, and each had received, on its intra-pericardial surface, recent covering of organized fibrin.

The rupture was through a portion of the said new formation. The smaller sack, which was about half the size of those described, had not become so thin as to call nature's attention to its weakness.

The death was almost instantaneous upon sitting down upon a vessel for micturition, some twenty hours after having a stricture dilated in Chicago, from whence he had come by railroad during the night.

COLDWATER, Mich.

BOOK NOTICES.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

Messrs. Wm. Wood & Co., the reliable and enterprising New York publishers, are about to initiate a new departure in the publication of medical books, by means of which this literature may be furnished at prices very much reduced from those now paid. In January next they will begin the publication of medical books by the most distinguished modern and standard authors, *in monthly volumes* of 200 to 300 pages, and upwards, handsomely and strongly bound, at the merely nominal price of *One dollar each.* Estimating from the regular prices of the books so far selected for publication in 1879, subscribers to this library will obtain about fifty dollars worth of medical books for twelve dollars. The following are some of the works they have determined to publish: "Rest and Pain," "Diseases of the Intestines and Peritoneum," "Diseases of Children," "Diseases of Women," "Diseases of the Liver," "Infant feeding and its Influence on Life." The other works will be announced later.

One of the reasons why medical books are so expensive as compared with books in general literature, is their comparatively limited sale, and Messrs. Wood & Co. will only be able to make their venture financially successful by securing a large list of subscribers. The scheme is one which the profession should endorse; it is to their own interests to do so, inasmuch as its success will doubtless stimulate other publishers to copy it, and thus may the prices of books be generally reduced.

In order that they may know how large an edition to strike off, the publishers desire an early remittance of subscriptions.

The payment of the twelve dollars must invariably be in advance. The volumes of the library will not be sold separately.

We hope there may be a liberal response on the part of our readers.

THE ANTAGONISM OF THERAPEUTIC AGENTS: AND WHAT IT TEACHES. By J. MILNER FOTHERGILL, M. D., Edin., member of the Royal College of Physicians of London, Assistant Physician to the West London Hospital, etc. Philadelphia: HENRY C. LEA.

The writer of this little work of 160 pages has established for himself the position of an authority on the subjects of Therapeutics and the Action of Medicines. His aim in the work before us "is to present a fair bird's-eye view of the subject of the antagonism of toxic agents, so far as this is possible at the present time." The beauty of the work, as far as the general practitioner is concerned, lies in the fact that in the experiments detailed their practical bearings are kept prominently in view. It is divided into seven chapters, as follows: I. Experimental inquiry. II. Practical inquiry. III. The rhythmically discharging centres. IV. Action of drugs on the Circulation. V. Action of drugs on the Respiration. VI. Use of antagonism of Drugs in Actual Poisoning. VII. Use of antagonism of Drugs in ordinary practice.

These headings convey a good idea of the scope of the essay.

A CLINICAL HISTORY OF THE MEDICAL AND SURGICAL DISEASES OF WOMEN. By ROBERT BARNES, M. D., London. Second American from the second and revised London edition. With one hundred and eighty-one illustrations. Philadelphia: HENRY C. LEA. Detroit: E. B. SMITH & Co.

This first English edition having been long exhausted, this work was sufficiently long before the profession to secure a cool and dispassionate judgment on it before a second edition

was issued. The result has been that it is now regarded as a standard work on its subject, and one of the best, if not *the* best published in any language. The edition now before us has all the improvements which a criticism of the first edition and the increased experience of its author have suggested. A new chapter has been added on the Relations of Bladder and Bowel Disorders, to the proper subject matter of the book. Notwithstanding this addition, however, the book is not enlarged, space having been made for it by the pruning of redundancies and by re-arrangement.

The author has paid a graceful compliment to the American profession by dedicating this edition to one of its most worthy members, Dr. Fordyce Barker.

Mr. Henry C. Lea has also just issued new editions of Gray's Anatomy and Fownes' Chemistry. Anything in commendation of works so classical would be supererogatory. The majority of practitioners of the present generation can speak from personal experience of their merit, and the care which is taken in bringing each edition fully abreast of the times, makes it improbable that any works in the near future will usurp their undisputed superiority.

MISCELLANY.

Meeting of the Canada Medical Association.—The eleventh annual meeting of the Canada Medical Association was held at Hamilton, beginning on the 12th inst., and remaining in session two days. There were upwards of a hundred delegates present, representing different sections of the Dominion. The address of the retiring President, the venerable Dr. Workman, of Toronto, was a very pleasing and, withal, an able and instructive effort. It treated mostly of questions of local interest to Canadian practitioners, and abounded in happy "hits." There were some points in it, however, which might be heeded, with profit, by the profession outside of Canada. It deplored a lack in the profession of that noble *esprit du corps* (one vitalizing soul in one compact body) which should actuate every honorable brotherhood. It is because of this lack that medical legislation is not in the best interests of the profession. Medical men should exert the influence of which they are capable in politics, with a view to securing laws such as they and the good of the community require. No ministry or parliament would dare to disregard the united wish of the profession in this matter, or to snub the representatives of a united and enthusiastic profession. The speaker deprecated the rapidity with which Canadian schools have been turning out doctors of medicine.

"If we," said he, "go on increasing in numbers in continuous arithmetical progression, as we certainly have been doing for some time past, I fail to conjecture what is to become of the new *fries*, unless they take to cannibalism, and thus verify the Darwinian theory of 'the survival of (dare we say?) the fittest.' * * * I may be much in error, or I may be over the threshold of dotage; but if so, I began to dote before yesterday; and my thought has been in this direction—our Province is sick under a plethora of education and a poverty of labor. We have gone on fostering, forcing and fighting over the pet industry, until we now have such a mass of unmarketable surplus products as is equally squeezing the life blood out of our entire country." He then briefly commented on the fact that farmers' sons, who could make an honorable living on the farm, were flocking into the cities, promising themselves the acquirement of so much knowledge as will enable them to wear kid gloves and secure a living without that hard and honorable labor which raised their fathers from penury to opulence. No one would, therefore, affirm that our agriculturists do not need protection, or that universal cheap education is an unalloyed blessing. Doubtless this disease of plethora would cure itself, but what of the poor patients? He believed this Association could not do any more befitting or benevolent act than to give expression to a friendly admonition to the young men of our Province, and to their parents, against the delusion that the profession of medicine, as at present conditioned, is a vocation that may be chosen with any fair hopes of its affording to fresh recruits a compensating return for their mental and pecuniary investments, or even the means of a decent, frugal sustenance.

The quality of the papers read was, on the whole, very good. One fact, however, could not fail to strike an outsider, and that was the respect, amounting almost to reverence, paid to the English authorities. The average Canadian doctor is as loyal to the mother country in the matter of medicine as he is, as a citizen, to the Queen; and that is carrying loyalty pretty far. We should advise him, however, not to rebellion (perish the thought!) but to a trifle more independence. He is old enough now to have an opinion of his own (in medicine, at least).

The festive part of the meeting consisted of a banquet at the Royal Hotel. This was "just what the doctors ordered," and more could not be said in its praise. After the cloth was removed, toast, song and sentiment had their brief hour—several of them, indeed.

Drs. Brodie, of Detroit, and Brush, of Buffalo, appointed for such purpose at the last meeting of the American Medical Association, represented that body. They were received,

and treated right royally, and will not object to discharge the same duty another year, should it be imposed on them, because they know how to appreciate a good thing.

THE ODOUR OF SANCTITY.—Dr. Hammond, of New York, is fully persuaded that many of the saints of the earlier days of the church were highly odoriferous; and this peculiar quality he distinguishes from the ill-smelling savour, due to a neglect of washing, and attributes it to an affection of the nervous system. Several curious instances of fragrant saintly emanations are quoted. When the blessed Venturin of Bergamos, we are told, officiated at the altar, the people struggled to get as near as possible in order to enjoy the perfume he exhaled. St. Francis de Paul gave off most sensibly a delicious odor after he had fasted thirty-eight or forty days, and had subjected himself to frequent disciplinary inflictions. The body of the blessed Liduine emitted a delicious redolence, which was sensible not only to smell but to taste, as it left on the tongue and palate an impression like that of chewing camelia. Dr. Hammond refers to three cases which have fallen under his notice, in which specific odors have been given off from the body, as the result of affections of the nervous system. In the first, a young married lady, of strongly hysterical tendencies, exhaled an odor of violets, which pervaded her apartment, and was distinctly perceptible at a distance of several feet from her. This pleasant fragrance was given off from the left half of the chest only, where the perspiration was remarkably increased, and could be obtained in a concentrated form by collecting the perspiration in a cambric handkerchief, heating this with four ounces of spirit, and distilling over one-fourth of the spirit. The distillate was strongly impregnated with the perfume of violets, which was converted into that of pineapple on the addition of bicarbonate of soda. It is assumed that this perfume was dependent upon the presence of butyric ether in the perspiration. The administration of salicylate of soda ultimately relieved the lady of the violaceous redolence, which she was most anxious to part with. In the second case, a pineapple odor was exhaled with insensible perspiration by a young lady suffering from chorea. In the third case, a violaceous odor was emitted by a hypochondriacal gentleman. Dr. Hammond has known unpleasant odors to be exhaled from the body during emotional excitement. A young lady, suffering from sick headache, smelt of Limburg cheese. At present, all that we can say is that the peculiar odors referred to are the result of nervous disturbance.

MORE ABOUT RUPTURE OF THE MEMBRANES.—This is what Dr. E. B. Wright, of Saugatuck, says: "The advice of Mr. Plaister, in a former issue of your journal, and of Dr. Watson, in the issue of August 10, I deem dangerous for the young physician. Most of us old practitioners have found that cases, when the membranes have from any cause been ruptured early, before the second stage of labor had been established, have almost uniformly proved tedious. Indeed, the public have come to dread what they call 'dry labor.' It may be that your correspondents have made a valuable addition to our stock of knowledge, but when they advise us to 'rupture the membranes when the os will hardly admit the finger, and, during a pain, the membrane can be felt to press ever so slightly,' they make a recommendation which I would advise the young practitioner to be pretty careful about adopting. Perhaps Dr. Watson's remark that, leaving cases to nature, 'is too often the practice of a great majority of physicians,' throws some light upon his position, as I know of no cases more likely to require instrumental delivery than those managed as he recommends. I also deem his plan of keeping the 'fingers constantly in the os during the entire period of labor, and pressing it open,' 'using force' during each pain, as another means to the same end, viz., instrumental delivery; as such pressure would, almost without exception, result in a great irritation of the parts, with probably tumefaction and greatly increased resistance. The suggestions of Dr. Watson may be in the line of progress, and perhaps I may be an inveterate old fogy, but, notwithstanding this, we would suggest great caution in adopting these 'improvements.'

THE DEATH OF WASHINGTON L. ATLEE.—Dr. Washington L. Atlee died in Philadelphia, on the 7th inst., of cancer of the stomach. He was born February 22, 1808, and was consequently in his 71st year. He graduated at the Jefferson Medical College in 1829. In 1845 he was elected to the chair of Chemistry in the Medical Department of Pennsylvania University. It is, however, as an ovariotomist that he is known to the profession. His first operation was in 1844, and it terminated fatally. In the same year his courage (for it required courage to operate in those days) was rewarded with a successful case. At that time ovariotomy was denounced by the medical profession as a mur-

derous procedure. Dr. Atlee was pointed out as a dangerous man, even a murderer; and a distinguished professor went so far as to endeavor to secure his arrest. His bravery and skill, however, soon placed both himself and ovariotomy in their proper position. At his death he had operated over three hundred times, and, we think, with a larger percentage of success than any other American surgeon. He was an able writer, a ready debater and a genial gentleman. In his death the profession has met with a great loss.

THE DEATH OF LEBERT. — The German journals announce the death of Dr. Hermann Lebert. He was born in Breslau, in 1815. After graduating, he went to Switzerland, whither he was driven because of the obstacles to success in practice in his native land, arising out of prejudices against his religion, he being a Jew. He remained in Switzerland until 1842, when he went to Paris, where he wrote several important works. In 1852 he was appointed to the Chair of Practice of Medicine in Zurich, and in 1859 he accepted an invitation to the analagous chair in Breslau, which position he retained until 1875, when he again repaired to Switzerland, where he remained until his death, which was very sudden. Dr. Lebert is known to the profession of this country principally through his articles in Ziemssen's Cyclopedia on relapsing and typhoid fever and cholera. An article on health resorts and their therapeutic value with reference to climatology and sea-bathing, from his pen, is now being published in the *Berliner Klinische Wochenschrift.*

DELETERIOUS BACON AND BUGGIES.—From foreign advices it would seem that American dealers are sowing trouble abroad. Prof. Henschel, of Vienna, warns the pork eaters that the American product is rich in trichinæ, one in five to ten being found to contain the parasite. He fears that several epidemics of trichinosis have been due to pork from this country. Now comes another charge, which leads us to suspect somewhat the motives of the Germans in exciting suspicion against American industry. It is that the children's carriages, imported from this country, are a fruitful cause of lead poisoning and many obscure symptoms among children, from the absorption of the pigment used in their manufacture.

THE MAN WHO BURST.—The following paragraph from the *Medical and Surgical Reporter* has been going the rounds. It carries with it its own lesson:

"We have all of us in early life had held up to us as a warning, when too voracious, the terrible story of the boy who ate so much that he burst! The learning of maturer years led us too hastily to discredit this frightful example; for here, in the last number of the *Vierteljahrsschrift, für Gerichtliche Medicin*, July, 1878, Dr. Bremuse gives a detailed account of a man who literally burst, split his diaphragm in two and died, from four plates of potato soup, "numerous" cups of tea and milk, followed by a large dose of bicarbonate of soda to aid digestion! His stomach swelled enormously, and tore the diaphragm on the right side, causing immediate death. The case is probably unique.

PARAGRAPHS.

A newspaper report of a railway accident tells of a sufferer who received several severe "scalp wounds in the back."

Charles Lamb's opinion of hydropathy: "It is neither new nor wonderful; for it is as old as the deluge, which, in my opinion, killed more than it cured."

The Vicksburg *Herald* says:—A gallant ex-confederate, and successful practitioner of medicine in this city, remarked to us, yesterday, that the present condition of Vicksburg was worse than war. A sad truth.

The doctor owned a drug store. The patient was supposed to be impecunious—at least doubtful—but in five days he paid into the drug store twenty-seven dollars for medicines, and was not well then! Fact.

Glycerin, from its property of retarding lactic and alcoholic fermentation, is recommended as an addition to milk. A mixture of milk with 20 per cent. of alcohol did not sour for ten days. Fifty per cent. of glycerin kept the mixture sweet for seven weeks.

The Ohio Medical Recorder thus maliciously flings at the Editor of the *Detroit Lancet:*

"For a moment decline
Your feats in the rhubarb and ipecac line;
While you shut up your turnpike your neighbors can go
The old roundabout road to the regions below."

There is a covert and cruel insinuation here, and our big "I" friend's lamb (or sheep) like disposition is the *Recorder* man's only safety.

Because a physician gives his medicines in small doses, it by no means necessarily follows that he is a homœopath, and yet a certain Dr. Kidd, who attended the Earl of Beaconsfield during a recent illness, was dubbed a

homœopath for no other reason. Dr. Kidd repudiates the soft impeachment—denies the allegation, and spurns the "alligator," as it were.

Dr. Geo. Harley, F. R. S., prints, "in neat letters on the left hand upper corner" of his note paper, the following legend: "Reformed speling! No duplicated consonants except in proper names." He does this to corect any impresion that he does not know how to spel corectly. He estimates that the isuer of the *Times*, for instance, would efect a saving in the shape of time, space and material of from forty to fifty thousand dolars anualy by speling in this maner. We think it wil be a prety dificult mater to alure pil makers into this inovation, and the typeseters wil stil have to sufer.

W. S. Playfair, M. D., F. R. C. P., etc., Professor of Midwifery at King's College, has been retained as accoucheur to an important event which is soon to happen to H. R. and I. H. the duchess of Edinburgh. He started for Cobourg, the scene of the approaching travail, last week, where he will remain until the child is born. On going out to make a friendly call, he will always leave word at his boarding house where he may be found, should any one call—just as the rest of us do.

It has just been discovered that two of the trustees of the Minnesota State Lunatic Asylum visited the Centennial, and that they charged the State $3,000 for their expenses on the occasion. This, together with numerous other little extravagances, which a committee of State Senators have unearthed, forms the foundation of a charge of "peculation" ("stealing" in plain English) against certain trustees.

A correspondent of the *Ohio Medical Recorder* asks the following question anent a book recently issued with the title, *The Physicians and Surgeons of the United States* (who have egotism and money and bad taste enough to have their autobiographies printed before they die). The question is right to the point: "Which is the more pitiable spectacle, to see a man boasting of the number of his children—thus boasting of powers in the possession of which the monkey is his equal, and the jackass his superior—or to see him openly confessing to the degree of impotency implied in having had three wives, but no children."

A Fable.—A black Crow, with a white necktie and gold eyeglasses, was once perched on a Limb of the Law of Ethics, having in his beak a big piece of cheese, wrapped in a newspaper containing his advertisement. At the foot of the tree were more than a dozen Foxes, who professed medicine.

"Pray let us hear your superb voice," chorused the latter. "Most willingly," responded the Crow; and he unwrapped the Cheese, which he carefully deposited upon another Limb of the Law, and threw down the Newspaper, which the Foxes at once devoured for the sake of the scent of the Cheese which still hung round it. This done, the Crow favored his auditors with the popular ballad, "It's naughty, but it's nice!" and, after having flung some Brazilian pebbles into the crowd, he quietly enjoyed his Cheese.

Moral.—For a fracture of the Code, continued "extension" is bad and the Newspaper splint worthless. The best dressing is *Cheese a la Brazilienne.* Æsop(tic).

SELECTIONS.

The Cesarean Section in a Theological Aspect.—A medico-theological question has lately been agitated in the French journals in reference to children extracted by the Cesarean operation. The performance of the rite of baptism has been hitherto restricted to those children that have presented any sign of life after removal from the body of the woman. This is also the rule in England. In France the operation appears to have been recently performed as much for the purpose of securing a subject for baptism as for the saving of the life of the child. Judging by a case which is recorded to have occurred at Champoly, the life of the woman is of secondary importance under these circumstances. A woman named Dumas is said to have died from the Cesarean operation, performed on her by a pork-butcher, under the direction of a priest. There was an inquiry, but it came to nothing. The reclamations of the press and the remonstrances of the profession have had no effect. The sole object of the priest was to have the child removed by extraction, in order that the rite of baptism might be performed on it; and he doubtless selected a non-professional operator from the difficulty of finding a member of the medical profession to assist him in his views. Dr. Depaul, an eminent obstetric surgeon, in commenting upon the facts of the case, truly states that the conduct of both persons was illegal. In dealing with the theological question, Dr. Depaul makes a few observations which may be of use to medical practitioners on these occasions. A medical man must not surrender his judgment for the performance of this operation to the dictation of a priest or

any other person. If he performs the Cesarean section, he must perform it on his own responsibility and on reasonable grounds, such as would be sanctioned by professional practice. It is a delicate question whether it should in any case be performed on a living woman, as it might accelerate her death. If performed in advanced pregnancy, within a quarter of an hour after death, the child may be removed living. The safety of the woman should in these cases predominate over all other considerations. The operation may cause the immediate death of a woman, and this act of vivisection would not be justifiable merely for the sake of baptizing a child which might die immediately after its extraction from the uterus. In France it is much more common to operate on a living woman than in England; but the English law which allows the husband to inherit the property of his wife, renders it a necessary condition that the child must be born or extracted while the woman is living. Hence it is to the interest of the English husband to have the child extracted from the wife before her death. Medical men have nothing to do with the theological questions connected with the subject. They are of greater importance in Roman Catholic than in Protestant countries. The text of the law in France is that a child can only be baptized after its birth, and the moment of its birth is indicated by its appearance in the light of day, whether this appearance be the result of natural or violent causes—*i. e.*, by delivery or the Cesarean extraction. Theologians do not admit that baptism can be performed on the child in utero through the abdomen of the mother; and it is a moot point whether, in partial delivery, it can be performed unless the head of the child is presenting. The Academy of Medicine have had this subject under discussion, but they have come to no formal resolution. They discourage the performance of the operation on living women; and even in reference to the dead they advise that it should not be performed unless the child is viable, or unless it has reached such a stage of gestation as to enable it to live after its extraction.—*British Medical Journal.*

The Tar Bandage.—Dr. C. B. Leitner, at the last meeting of the Medical Association of Georgia, called attention to the advantages of the tar bandage. Besides possessing all the merits of starch or plaster of Paris, it is antiseptic. He records a number of cases of contused and lacerated wounds and compound fractures in which the benefits resulting from its use were marked. The following case illustrates his method of using it:

On the 27th of July, 1875, a negro, thirty-five years of age, deaf and dumb, was run over by the cars. His tibia and fibula, six inches below the knee, were crushed, the soft parts converted into a fibrous mass, leaving, however, enough of the gastrocnemius muscle to form a flap. Assisted by Dr. Wynne, I amputated the leg two inches below the lower insertion of the tendon of the patella. The flaps were drawn and two or three sutures taken, then tarred strips of cloth were applied, as adhesive strips would have been used, for six to eight inches above the wound. The roller bandage was then placed over these and the whole well tarred.

I wish to call attention to another advantage connected with this dressing—that is, it does not require readjusting so often as other modes, only every twelve or fourteen days, unless some constitutional disturbance should be apparent.

The leg was not dressed again until the 6th of August, notwithstanding the weather was the warmest I ever experienced in Georgia, and the subject perhaps one of the worst that ever happened to such an accident. His bowels were loaded with unripe fruit, and with every kind of foreign matter that a tramp, at that season of the year, could procure, besides, he had upon his head, arm and shoulder two or three badly contused wounds, which were treated by the application of tar ointment. The leg was not dressed the third time until the 2d of September, when he was turned over to the nurse, and in a week he was out upon crutches.

In applying for the first time the bandage, at the most dependent part a little V shaped valve was cut, to allow the escape of pus He was not annoyed by a fly, or by any bad symptoms, and the recovery was very speedy, which I attributed to non-interference with the bandage. I am perfectly satisfied in my own mind that the frequent dressing of wounds is a source of great irritation, to say nothing of the amount of granulations that are broken up. Should there be any mischief going on under the bandage the constitutional effects must be apparent.

My manner in preparing this fresh pine-tar ointment is to put the tar into a glass vessel and place the vessel into a pot containing water; after the water has boiled for a half hour the vessel containing the tar is set aside until all the foreign matter is precipitated, then decant, leaving the foreign matter at the bottom; finally, add one part of sweet oil to twenty parts of the tar. After the roller bandage is adjusted, in amputations,

this ointment should be thoroughly applied, once in four or five days being sufficient. In wounds, cloth strips can be used as one would use adhesive strips. I would recommend cold water dressings to the wound.

PHYSOSTIGMA IN TRAUMATIC TETANUS.—Dr. R. B. Hall reports, in the *Cincinnati Lancet and Clinic*, a case of traumatic tetanus following gangrene, from the severing of the external plantar artery by a broken glass bottle, in which bromide of potassium, chloral and cannabis indica had been tried without benefit, but which yielded to physostigma. He says:

"The bromide and chloral combined with the tr. cannabis indicæ, having done no apparent good, were discontinued, but the beef essence, egg, and brandy were given as before; although he had great difficulty in swallowing. I now prescribed physostigma in one-eighth grain doses every two hours. He took the first dose at 6.30 a.m. At 11 a.m., when I saw him the pupils were of normal size, the spasms not so hard, and the pulse 99. Continued the physostigma. At 3 p. m., has had but one spasm since 12 o'clock, that being a very severe one; swallows better and does not perspire so freely. Continued the physostigma, beef essence, egg and brandy. 9.30 p.m., the pupils are about the size of pin heads; has had two very light spasms, lasting about ten seconds each; to take the physostigma every three hours. 29th, 7 a.m., slept for three hours last night, then woke up in a light spasm at 1 a.m., since which he has had several short naps, but no spasms; can swallow much better, pulse 90, pupils size of small pin heads, muscles rigid, respirations 24 and not so difficult. Continued beef essence, egg and brandy. To take physostigma every 3½ hours. 1 p. m., slept for two hours and woke up in light spasm; pupils not so small as last noted; he is perspiring more freely and is more nervous. Ordered physostigma to be given every 3 hours. 9 p.m., has had three naps since last note, awoke each time more nervous, but had no spasms; muscles very rigid, pupils contracted, respirations 24 and somewhat difficult; expresses himself as feeling much better. 30th, 7 a.m., had no spasm last night, and from this date on he had no spasms. I continued the physostigma at various intervals, as he appeared nervous, until October 14. He made a slow and tedious convalescence, the rigidity of the muscles lasting until the last of October, so much that it prevented him from walking. The treatment from this date consisted of tonics and stimulants, with nutritious food. Complete recovery ensued.

NAPHTHA AS A DISINFECTANT.—Dr Day suggests the brushing of books, wall paper, newspapers, which have been kept in the apartments of patients afflicted with scarlet fever, small pox, diphtheria, etc., with naphtha. Here, in Chicago, naphtha is used in an establishment which makes a speciality of cleaning carpets, furniture, mattresses and hangings, and especially the removal of moths. The furniture, carpets, etc., are dipped into tanks of boiling naphtha, and allowed to remain over night. Not the slightest injury is done the most delicate fabric, if we except the faint odor, which, after drying, is readily removed by proper airing. It is quite customary for some physicians here to send the entire contents of a sick chamber, carpet, curtains, furniture, books, papers, pictures, in fact, everything movable, and have them all placed in the tank for several hours. The naphtha is heated to a boiling point by steam pipes passing through the liquid, and although naphtha boils at rather a low temperature, 195°, or thereabout, the heat is considerably increased by the use of sheet iron covers to the tanks. In all the cases I have known of, it has proved a perfect disinfectant.

Just at this time, when the postmaster of Memphis has sought, through Surgeon General Barnes, some method of disinfecting the mails, it occurs to me that no way can be more expeditious, and none more reasonably sure, than that which I would suggest, of throwing the mail bags into one of these tanks filled with boiling naphtha. An hour's immersion would probably suffice to thoroughly disinfect them; the contents can be spread out and dried in half an hour, and in this way but slight delay would be caused in forwarding mails from southern points.—L. H. WATSON, M. D. *In Med. & Surg. Reporter.*

TREATMENT OF MAMMARY ABSCESS.—Dr. S. W. Gould, of Argosy, Ind., gives, in the *Medical and Surgical Reporter*, his treatment for threatened mammary abscess, under which, for a decade, he has not been obliged to lance a single breast. It consists in the application of chloroform and glycerine, equal parts. As the substances are of unequal weight, the phial containing them should be thoroughly shaken, the mixture quickly applied, and the part covered with oiled silk, or something equally impermeable, to prevent too rapid evaporation. So confident is he of the efficacy of this remedy that, after a ten years' trial of it, he is led to consider a gathered breast an evidence of professional neglect.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, OCTOBER 10, 1878. No. 18

EDITORIAL.

MEDICAL LEGISLATION IN MICHIGAN.

We are not of those who can even excuse, much less recommend, the dabbling of physicians in politics. Occasionally there is a genius—Virchow, for example—who can not only participate in the hurly-burly of a political campaign, but who can even make politics a profession, without apparent detriment to scientific pursuits. Such a man is, however, an exception to the general rule that politics and medicine make a very incompatible mixture. As men are ordinarily constituted, the practice of medicine furnishes sufficient scope for any single individual's energies. But there are times, we will admit and even assert, when the ends justify the means. Such times are now upon the medical profession of Michigan, and it behooves it to arise in the majesty of its might and secure—what can be secured only through political means—an end which has long been devoutly desired, viz., proper legislation regulating the practice of medicine. Never before did the necessity for such legislation press so heavily, when the interests, not only of the profession, but also of the public in so far as it is dependent upon the profession, so loudly demand it. Michigan is to-day infested, to an extent previously unknown, by a horde of unscrupulous and ignorant pretenders, whom legislation in the neighboring States has driven from former fields of fraud and imposition. The argument advanced by some of our astute Solons that these men have a right to live, and that the public, by virtue of certain inalienable rights of American citizenship, have a right to employ and pay whom they see fit, and with which successive legislatures have squelched the feeble demands for protection, at several times made by individual physicians or medical societies, is specious in the extreme, and must no longer stand in the way of justice. The State owes it to its citizens to stand between them and evil, to protect their lives and property, and furthermore, to treat as wards and exercise a guardianship over those who have not sufficient intelligence to keep themselves from self injury. On broad grounds like these, if on no other, legislation regulating the practice of medicine is necessary. The public, moreover, have no means of testing the fitness, until too late, of those who announce themselves on hand to take charge of the very important matters of health and life. The State should guarantee such competency. But these arguments, with many others, have been advanced so often that they have become trite, and we shall not trespass on the time or patience of our readers by repeating more of them. What is wanted now is action. This is the season of the year in which the candidate for a seat in the legislature is abroad in the land, and so anxious is he to serve his fellow citizens that he will pledge himself to anything reasonable for votes and influence. Let the physician now get his work in. Let him exact from every candidate for a seat in the State Legislature a pledge that he will support any effort which may be made in the next legislature looking to the passage of a bill to regulate the practice of medicine in Michigan. There will be no difficulty in securing such pledges, and we will promise that a bill will be introduced. This is a matter in which all schools of medical belief are interested, and on which, we have a well-grounded hope, they can be united. The first and all-important step to be taken is that which we have indicated. In a future number we shall again refer to this subject. In the meantime let the ball be set rolling.

J. J. M.

We feel it incumbent on us to apologize to many correspondents for our apparent disregard of communications sent us on various subjects. We assure them that we do the

best we can with the space at our disposal. The communications are kept on file, and will be attended to when opportunity offers. We hope to enlarge the NEWS next year, without disturbing the subscription price. We feel ourselves very much incommoded now for lack of elbow room, and pray to be borne with in our unavoidable shortcomings.

ORIGINAL ARTICLES.

LITHOTRITY BY A SINGLE OPERATION—WITH A CASE.

BY C. C. YEMANS, A. M., M. D.

Since lithotrity is now more frequently practiced than lithotomy, care should be taken to choose that method by which one may best cause the cure and promote the comfort of his patient. Formerly the time for crushing was limited to five minutes, leaving the patient to suffer the agony of passing the resulting fragments by the urethra, and to risk the graver danger of cystitis, caused by the remaining fragments.

I write to contribute my mite in this important matter, but not to describe the process or the instruments.

To an American surgeon—Dr. Henry J. Bigelow, of Boston—belongs the honor of bringing before the profession a new and, I think, safer method. He has a new lithotrite, differing in some important particulars from any before in use. He has, also, an instrument for removing the fragments at one "sitting." A description of these, with the method, etc., are given in a well-written article in the *American Journal of Medical Sciences* for January, 1878. *The Medical Record* of September 28, 1878, also contains an able article from W. H. Van Buren, M. D., giving his experience in a number of cases.

The important point claimed by Dr. Bigelow is the toleration of the bladder under prolonged instrumentation.

A patient of mine, æt. 62, in fair health, but who had suffered from stone for some years, and on whom I had performed lithotomy, suffered a recurrence (it was a phosphatic stone), with cystitis, etc. I determined to try the new method of Dr. Bigelow. The stone was crushed with his lithotrite. The meatus was freely incised, so as to admit a "No. 29." The evacuating instrument was then used and the entire stone removed, about 125 grs. The operation lasted one hour and thirty minutes. Dr. H. O. Walker assisted me, and future explorations failed to detect any stone. Cystitis and pain disappeared, and patient made a good recovery.

Dr. Walker has since operated twice with satisfactory results—once on a boy of 16 years of age. In neither case was the crushing *followed* by cystitis, *the* grave disaster where sharp fragments are left in the bladder.

Certain corollaries follow, if Dr. Bigelow's propositions are found to be correct.

"*First*—That cystitis, which so often follows after first crushings, is due to increased mechanical irritation of sharp fragments, and not to continued instrumentation.

"*Second*—That the more thorough evacuation of the bladder attained by the Bigelow method lessens materially the danger of leaving undiscovered fragments after lithotrity."—*Van Buren.*

As we know that dilatation lessens cystitis of the vesicle neck, may not the introduction of so large an instrument (29, 30, 31, French, or 16, 18, 19, English,) be helpful in those cases where cystitis exists prior to lithotrity?

DETROIT, 82 Sproat Street.

IODINE IN MALARIAL FEVERS.

BY C. G. DAVIS, M. D.

Seeing an article in THE NEWS of September 10th in regard to the use of iodine in intermittent fevers, and having seen a notice of its use elsewhere as a substitute for quinia, I determined to test its virtues as an antiperiodic.

As malarial fevers were then prevailing in this locality, I had not long to wait for an opportunity. It occurred to me that perhaps if it was used partially in the form of pot. iodide, that the constitutional effects of the iodine would be just as great, and that the irritant effect upon the stomach would be in a measure avoided.

I have, therefore, used the tinct. iodine comp. from then until the present writing in four cases of intermittent fever, with apparently just as good results as I obtained from the use of cinchonidia, not using any of that preparation in any of the four cases, nor any other remedy except the fluid ext. gelsemium during the pyrexia, and a dose of pilula cath. comp. after the abatement of the fever, to aid in eliminating the iodine, etc.

I gave it in doses of ten to twelve drops to an adult every three or four hours, "well diluted with water," during the intermission, ceasing when the fever came on, and commencing when it went off, just as I would with quinia. I did not have a return of the

fever over the third time in any of the four cases, and only that in one case, which had run three days when called. I had some irritation of the stomach in two cases, which I quieted with bismuth and morphia.

I had some cases of remittent fever, but was afraid to try it in those, for fear they might get the start of me and run into the typhoid state. I will also say that in my cases of remittent fever I have used but very little quinia, relying almost entirely upon cinchonidia, which has proved abortive in every case, and I do not hesitate to say that I believe it to be just as effectual as quinia, and can be given at any time during the highest fever without affecting the head or increasing the fever. If any one else in the profession has tried the iodine treatment I should like to hear the results.

MILFORD, Mich., October 1st, 1878.

BOOK NOTICES.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR 1878.

These make up a neat little volume of about 160 pages. A cursory perusal of the same is sufficient to convince an unbiased reader that the profession of Michigan is capable of doing considerable in the way of advancing scientific knowledge, and, at the same time, of doing considerable to make itself tolerably ridiculous in the eyes of both the public and the profession outside of the State. The former of its capabilities is evinced by the number of readable and really meritorious papers in the volume before us, and the second by the fact that over thirty-five (35) of its pages are devoted to questions arising directly and indirectly out of "Homœopathy in the University;" and yet this is the nineteenth century of the Christian era!

"A Communication Relative to Small-pox in Detroit," "Report on the Subject of Healthful Dwellings," "Baths and Bathing," "A Lecture on Healthy Homes for Farmers," "An Address on the Subject of Illuminating Oils," "General Plan of Work in the Office of the State Board of Health," "Relative to Scarlet Fever."

These are the titles of pamphlets which are reprints from the last Annual Report of the State Board of Health. The first three are by Dr. Henry F. Lyster, of Detroit; the second two by Dr. R. C. Kedzie, of the State Agricultural College, and the remaining two by the Secretary. Though written more particularly for the public, they will well repay a careful perusal by the professional reader.

POCKET THERAPEUTICS AND DOSE-BOOK. By Morse Stewart, Jr., B. A., M. D., Detroit.

The first thing that strikes the eye on opening this little book is a list of "Errata," in which fifteen errors in orthography, etc., are corrected. With such a formidable list to greet one it would seem that all mistakes of this kind should be covered, but a very cursory examination of the body of the book is sufficient to convince one that either the medical training of the proof-reader has been sadly neglected, or that he is a very careless individual. It is seldom our misfortune to meet with a book so full of such annoying blunders. In so far as the book is a "Dose-Book" it is passable, but even in this respect it is not as good as others in the market. We cannot but deprecate its plan of "boiled down" therapeutics. The influence of such attempts is always mischievous, and more particularly so on the younger members of the profession. In addition to this objection, in the book before us we find many statements which it would be difficult for us to endorse. For instance: "In confinement, ergot is to be used only in 3d stage, and post partem hemorrhage; quinia strengthens uterine contractions." "Arsenic appears to reduce temperature in tuberculosis." But space forbids further criticism. "The Pocket Therapeutics and Dose-Book" is but another illustration of the error and failure attendant on the inordinate haste with which recent graduates aspire to authorship.

BIBLIOTHECA MEDICA. Published by Robert Clark & Co., Cincinnati. Price, 25c.

We regard this as a valuable catalogue. It contains, under their respective heads, the names of authors and works on every medical and kindred subject. Its value to one looking up a special subject is at once apparent. It is the most complete work of the kind that we have seen.

No. 3 (the first we have received) of Vol. I. of the *Obstetric Gazette*, has come to hand. The journal is devoted to obstetrics and diseases of women and children. It is published monthly, edited by Dr. E. B. Stevens, of Cincinnati; terms, $3.00 per year. It promises to be a good journal, but we have a word of advice which, properly heeded at this stage of its existence, will command for it the respect of its contemporaries: Do not give as original matter the pure product of scissors and paste-pot. Had this advice been followed in the number before us, *Michigan Medical News* would have appeared at the end of no less than three of its articles.

CASES OF CATARACT OPERATED ON BY MODIFICATION OF GRAEFE'S METHOD, BY PROF. FROTHINGHAM, AT THE UNIVERSITY CLINIC, FROM APRIL 24, 1877, TO APRIL 24, 1878.

TABULATED BY A. C. MACLEAN, M. D., RESIDENT PHYSICIAN OF UNIVERSITY HOSPITAL.

No. of case.	Date of operation.	Name and residence of patient.	Age of patient.	Condition of cataract.	Anesthetic.	Progress and treatment of case.	Left Hospital.	Condition of eye at time of leaving Hospital.	Remarks.
1	Apr. 24, 1877.	Mrs. C. S., Flat Rock, Mich.	60	Left eye, hard, mature.	Ether.	No complication.	May 16, 1877.	V=$\frac{2}{3}$	
2	Oct. 10, 1877.	R.W. B., Sandstown, Mich.	56	Left eye, hard, mature.	Ether.	.....	Oct. 31, 1877.	Slight pupillary membrane.	Jan. 23, 1878, returned V=$\frac{1}{4}$; advised to have needle operation, but has not yet done so.
3	Oct. 27, 1877.	J. H., Ypsilanti, Mich.	80	Right eye, hard, mature.	None.	The progress of this case was slow. Had a severe attack of iritis, commencing the 8th day after operation. Atropine was freely used.	Dec. 8, 1877.	V=1-7. Slight membrane stretched across pupil. Advised to return for further operation.	The 7th day after operation the patient struck his eye with his cane, which probably had some effect in causing the iritis. He also had a strong, rheumatic diathesis, and valvular murmurs could be distinctly heard over the cardiac region. The nucleus was very large, so that the incision had to be extended by means of the scissors. Feb. 20th, patient returned to Hospital, V=$\frac{1}{4}$. The needle operation was performed, and March 6 he was discharged, V$\frac{1}{3}$. He was examined again May 25, V=$\frac{1}{2}$.
4	Oct. 31, 1877.	H. R., Moscow, Mich.	40	Right eye, half soft.	Ether.	Made a rapid recovery, without a bad symptom. Appeared at clinic the 10th day after operation.	Nov. 12, 1877.	Result good, but patient left Hospital without leave, and the vision was not accurately tested.	
5	Nov. 6, 1877.	A. T., Centreville, Mich.	79	Right eye, hard, overmature.	None.	Slight hyalitis.	Nov. 29.	V=$\frac{1}{4}$.....	Returned to Hospital April 2, '78. The pupil is now clear, V=$\frac{1}{2}$. Has operation on other eye.
6	Nov. 10, 1877.	J. D., Port Huron, Mich.	54	Right eye, hard, mature.	Chloroform.	.....	Nov. 29.	V=$\frac{1}{2}$.	
7	Nov. 12, 1877.	W. G., Grand Rapids, Mich.	52	Right eye, hard, mature.	Chloroform.	No complications.	Dec. 3.	V=$\frac{2}{3}$.	
8	Nov. 10, 1877.	Mrs. C.H., Kalamazoo, Mich.	79	Right eye, hard, mature.	Ether.	Had a slight attack of iritis; otherwise, did well.	Dec. 10.	V=$\frac{1}{8}$.....	Feb. 5, 1878, heard from patient by letter; her vision had improved greatly since going home. She could then read ordinary newspaper print readily by means of glasses.
9	Nov. 21, 1877.	R. F., Byron, Mich.	80	Hard, mature	Ether.	.....	Dec. 17.	V=$\frac{1}{4}$.	

10	Nov. 24.	C. R., Jonesville, Mich.	67	Right eye, hard, mature.	Chloroform.	.....	Dec. 9.	$V=\frac{1}{2}$.	
11	Dec. 5, 1877.	J. B., Carrolton, Ohio.	68	Right eye, hard, mature.	Ether.	Iritis set in the 10th day after operation, and continued up to time of patient's leaving the Hospital.	Jan. 7, 1878.	Iritis subsiding. He can readily count fingers at 3 feet from the eye.	The patient, when he left the Hospital, was not in a condition to have the eye thoroughly tested, but he had every prospect of useful vision.
12	Dec. 8, 1877.	R. J., Highland, Mich.	59	Right eye, hard, mature.	Ether.	.....	Dec. 28, 1877.	$V=\frac{1}{3}$.	
13	Dec. 15, 1877.	H. C. R., Ypsilanti, Mich.	52	Right eye, hard, mature.	Ether.	.....	Dec. 30.	$V=\frac{1}{8}$, with a slight membrane blocking up the pupil.	The needle operation was subsequently performed, and his vision brought up to one-half.
14	Dec. 22, 1877.	B. C. M., Ann Arbor, Mich.	65	Hard, ripe.	Ether.	.....	.....	$V=\frac{1}{8}$.....	Patient left a few days after operation, V rapidly improving.
15	Dec. 31, 1877.	J. W., Grand Rapids, Mich.	63	Right eye, hard, mature.	Chloroform.	Slight Capsulitis.		$V=\frac{1}{3}$.	
16	Feb. 2, 1878.	Mrs. M. A. B., Elmira, Ont.	46	Right eye.	Chloroform.	....	Feb. 20.	$V=\frac{1}{2}$.	
17	Feb. 6, 1878.	G. E. J., Flint, Mich.	53	Left eye, hard, mature.	Chloroform.	.....	Nov. 1.	$V=\frac{1}{2}$.....	This patient had his other eye destroyed from the effects of an operation performed by an irregular practitioner in Flint, Mich. The downward incision was made.
18	Feb. 13. 1878.	J. R. K., Wauseon, Ohio.	49	Hard, mature	Chloroform.	Had a severe attack of chorioditis.	Mar. 20.	Eye was extremely sensitive to light, and V was not tested, but he could readily count fingers at two feet.	This case was complicated with almost complete posterior synechia. The iridectomy was larger than usual.
19	Feb. 16, 1878.	Mrs. C. M., Lagrange, Ind.	65	Right eye, hard, mature	Ether.	This case was complicated with slight sloughing of the cornia, prolapsus of the iris, and severe iritis. When this subsided, an iridectomy was performed.	Apr. 6.	Could distinguish fingers at eighteen inches.	When the patient left, the pupil was rapidly clearing up, and she had every prospect of a useful eye.
20	Feb. 20, 1878.	D. F., Burr Oak, Mich.	46	Right eye, hard, mature.	Chloroform.	Slow healing of corneal wound, and prolapsus of iris	Mar. 26, 1878.	$V=\frac{1}{3}$.	
21	Feb. 20, 1878.	Mrs. E.F., Adrian, Mich.	67	Left eye, hard, mature.	Ether.	.....	Mar. 6.	$V=\frac{1}{3}$.	
22	Feb. 27.	Miss S.F., Greenwood, Mich.	26	Hard, mature	Chloroform.	.....	Mar. 13.	V=1-5.....	This was found to be much softer than the ordinary "hard" cataract.
23	Mar. 13, 1878.	Mrs. M.D., Newton, Iowa.	68	Left eye, hard, mature.	Ether.	.....	April 5.	V=2-5.....	Vision still improving at time of leaving Hospital.
24	Mar. 23, 1878.	D. R. G., Rome, Mich.	68	Right eye, hard, mature.	Ether.	Severe attack of iritis following the operation.	April 28.	$V=\frac{2}{3}$.....	This patient had a cataract removed from his other eye, by Prof. F., in 1877, the result being such as to enable him to read readily by means of glasses.
25	Mar. 23,	J. D., Port Huron, Mich.	54	Left eye, hard, mature.	Chloroform	.....	April 4.	Not accurately tested, as patient left without permission. The result was good, however.	The other eye had been operated on by Prof. F., with good result (see case No. 6.) The patient left the Hospital on his own responsibility, but he had every prospect of good vision.

CASES OF CATARACT OPERATED ON BY MODIFICATION OF GRAEFE'S METHOD, BY PROF. FROTHINGHAM—Continued.

No. of Case.	Date of operation.	Name and residence of patient.	Age of patient.	Condition of cataract.	Anesthetic.	Progress and treatment of case.	Left Hospital.	Condition of eye at time of leaving hospital.	Remarks.
26	Mar. 30.	Mrs. E.K., Port Huron, Mich	47	Left eye, hard, mature.	Ether.	Iritis very slight.	April 1.	V=⅓.....	The other eye had been lost, as the result of an operation at St. Mary's Hospital, Detroit, some three years ago.
27	April 2.	A. F., Centreville, Mich.	79	Left eye, hard, mature.	None.	No complication.	April 23.	Not accurately tested.	Result good.
28	April 3.	A. L. J., Vermontville, Mich.	47	Left eye, hard, mature.	Chloroform.	No complication.	April 18.	V=2–5.....	In this case, the downward operation was made.
29	April 10.	J. C., Marshall, Mich.	83	Right eye, hard, mature.	Ether.	.....	April 17.	Not known.	Was complicated with extensive posterior synechia. The capsule was tough and much thickened, and the nucleus very large and dense. The patient left Hospital on the 7th day after operation, without the knowledge of any one.
30	April 24, 1878.	J. W. B., Batavia, N. Y.	61	Right eye, hard, mature.	.....	No complication.	May 8, 1878.	V=¼, and rapidly improving.	

The above includes only the cases of cataract the nature of which required this form of extraction. The number of extractions for the above period were fewer in number than usual, and cases of iritis were somewhat more frequent than in former years. The patients, in many instances, left the Hospital before the eye had so fully recovered from the operation as to show the ultimate vision.

MISCELLANY.

FOOD AND BRAIN.—*London Medical Record:* "A dyspeptic may well have nerve-force of high quality and high tension, but," says Dr. Alibutt, "I never met with a dyspeptic whose nerve-force welled continuously forth. Like Brougham and Cavour, men of great power of continuous work have usually been large as well as sound eaters. A 'hard-headed' man is also a hard-bodied man; and the national history of Europe is a long display of the successive triumphs of the men of colder over the men of warmer regions—of the hardy, lusty and hungry races over the softer, more indolent, and more absteminous. * * * I am not one of those," continues the author, "who think the love of athletics is as yet in excess. Here and there men may expend in the hunting field or on the river that which should have been given to their tripods, to their profession, or to their country; yet this, at worst, is but an individual loss, far outweighed by the impulse given to the hardy, hungry vitality by which the nation thrives, and its general volume of nervous force is augmented."

ON BRIDAL TOURS.—The following sensible remarks from the *Hospital Gazette* should be sent broadcast through the land. Physicians could do much towards abolishing those pernicious fashionable extravagances known as bridal tours:

"It would be an interesting thing to study the number of ills from which the present generation is suffering, imposed upon them by custom, or descended to them from their ancestors. If it is the fashion, which means the custom, to lace tightly, women will lace, even though they know that they are doing themselves temporary, or even permanent, injury. They repent when various uterine troubles make every-day duties a task, and themselves poor, exsanguinated invalids, with "shattered nerves." And, by the by, "shattered nerves" covers as great a multitude of sins as charity, only in a different way. One would think that the average female manacled by corsets, distorted by ill-dressing, with overheated head from false hair, and cramped feet and powdered face, had imposed upon herself enough misery without adding more to it; but it seems not. A young

woman, brought up in the lap of luxury, or otherwise, suffering from both her own sins and the sin of her ancestors (physical sins), gains the admiration of some man who loves her devotedly, and would risk even his life to save her misery or pain, and marries him. At this time of life, when the sexual function has just burst fully into life, at this period, when a good constitution is needed to stand the excitement of love as well as passion, when the uterus and its appendages are congested, what does she do? She starts off with the young man of her choice, and jaunts about the country in jolting railway cars, or starts for a voyage across the ocean. She throws aside the very thing that she needs, at the very time she needs it most—rest—and leaves friends and home to meet strangers and strange things, and put up with the fatigue and excitement of traveling.

"This is essentially wrong, and is only done because it is the custom for the happy couple to do it. We do not doubt that the foundation for many of these shattered nerves are thus laid, and in these few words put forth our demurrer to the pernicious practice, the only argument in favor of which is that it is the fashion to do it."

Consultation with Homœopaths and the use of their Medicines.—We publish here with a note from Dr. Geo. E. Robertson, of Plattesville, Wis. It is scarcely necessary to remark in connection with it that the doctor's righteous indignation against a false system has prevented him from fully appreciating the remarks made on the subject by us:

"It is very astonishing and somewhat annoying to see intelligent, well educated physicians, who must see the vast strides medical science has been making for centuries, from the investigations of the most gigantic minds in all nations, pandering to an absurdity greater than witchcraft—a so-called system of medicine, promulgated by a visionary, disappointed individual, who fell a victim to his theory; a system that would abnegate the whole medical science, and leave it in a worse condition than Hippocrates found it thousands of years ago.

"A very learned physician has said, 'if a regular physician of the old school advocates homœopathy, he is either a fool or a knave.' I can see no possible objection in our consulting with eclectics. They have no theory differing from ours; they repudiate a few drugs, and think that they have substitutes less dangerous to produce the same effect. We really owe them thanks for their investigation of many medicinal plants we all admit to be valuable. The Thomsonians, with all their ignorance, occasionally did good with a great deal of harm; but they were honest enough to practice what they believed, and the whole system has passed away like a vapor. Hydropathy, in intelligent physicians' hands, in some cases is an admirable remedy. If an ignorant Negro, a Hottentot, or an Indian was to satisfy my judgment that he possessed an efficient remedy, I would use it. But the doctrine of Hahnemann has no more to sustain it than witchcraft, or the touch of the seventh son. You state that 'not one in a thousand adheres to the dogma of Hahnemann.' I admit it. Then they are dishonest, and unfit to consult with; and their medicines, by Hahnemann and his followers' standpoint, would avail nothing. Consequently nothing could be gained from either consultation or medicines. If they claim to be homœopaths and practice allopathy, is it not evident that their object is to mislead the people? The honest, intelligent physician needs no such double dealing. If his patient needs no medicine, he will give none; if he needs small doses, he will give them; if his case requires heroic remedies, he will use them. If the homœopaths have seen the ridiculousness of their doctrine, and wish to be recognized as medical men, let them comply with the requisitions, and we will admit them."

A Congenital Caudal Concern.—Dr. A. Hazlewood, of Grand Rapids, sends us the following report of what is certainly a unique case. It may furnish food for some Darwinian reader:

"Last month I attended a lady in her second confinement. The labor progressed without any unusual symptoms, and in the uncertain light of early dawn I did not notice any peculiarity in the child. Whilst finishing my duties with the mother, word came to me from the nurse to look at the child. On examination it proved to have a fleshy tumor growing from the right buttock, close to the mesial line, giving the appearance of a short caudal appendage, its attachment being about half an inch above the anus. As the pedicle was thick I deferred action. About thirty-six hours after birth I was sent for, the mother was evidently getting worried about this unusual addition to her child, and said baby was restless. Examination demonstrated no special disturbance of the child's functions. The usual intestinal discharges had taken place, and compression did not reduce volume of tumor or seem to produce any spinal irritation. There seemed to be, however, a slight tendency to excoriation on the posterior surface of the tumor. At the

parent's request I removed it. It proved to be fibrous, weighed 1½ ounces, greatest length 2½ inches, greatest width 1¾ inches, of a flattened pear shape; its attachment was nearly or quite one-half as large as the body of the tumor. No untoward symptoms followed, and the child is now as well as if no tumor had ever been attached. This location of a tumor, and their existence in the new-born even, is, so far as I am aware, unique, and, of course, the only claim it has to being interesting. The child's mother had no misgivings concerning her child's possible deformity until a few weeks before its birth, when she saw some one with a deformed face which impressed her considerably; but it hardly seems possible that so late an impression on her could have had anything to do with the causation of this deformity."

PARAGRAPHS.

During the last nineteen years diphtheria has caused 6,802 deaths in the Province of Victoria, Australia.

Hydrastis Canadensis, given internally, is said to be a sure cure for the furuncular diathesis.

A man named Abel, at Faringdon, England, has been ably trying to raise Cain with the compulsory vaccination law. He has already stood twenty-five fines, amounting to $150, for refusing to have the youthful Abels vaccinated.

A London correspondent visited a doctor, and after consultation asked, "What is your fee?" He replied: "Specialists and extortionists charge two guineas, quacks ask half a guinea, but a physician's fee is a guinea. I am a physician."

A Springfield (Mass.) physician has an arrangement whereby he is paid for giving hygienic advice and suggesting preventives of disease. He has fifty patients to keep well, at $3 a year each. If he is required to visit them, half the usual fees are charged. The understanding has existed two years.

The Memphis *Avalanche*, in describing the scenes of misery and trial in that city, calls attention to the fact that though "parents have deserted children, and children parents, husbands their wives, *not one wife has deserted her husband.*"

The following note, by way of a prescription, was sent an anxious father, whose son had swallowed a small leaden bullet: "Sir—Don't alarm yourself. If, after three weeks, the bullet is not removed, give the boy a charge of gunpowder. Yours, etc.

P. S.—Don't shoot the boy at anybody."

The *British Medical and Surg. Journal* reports the case of a man who, at 47 years of age, had his four upper incisors extracted on account of neuralgia. Ten years after this the two upper teeth on the left side appeared.

SELECTIONS.

Iodine a Substitute for Quinia.—Dr. Fordyce Grinnell, Physician to the Wichita Agency, Indian Territory, writes to the *Cincinnati Lancet and Observer* his experience with iodine as a substitute for quinia. He had read the extract from the *St. Petersburger Med. Wochenschrift*, in which a place is claimed that iodine, given in the doses recommended, *will never rank second to quinia*, and he determined (having an excellent opportunity) to put this apparently extravagant statement to the test:

"Malarial diseases were prevailing extensively. I was using quinia at the rate of one ounce per day, and my stock was almost exhausted. I began by giving 10 drops of the tinct. in a half glass of sweetened water, three times daily, to adults, proportional doses being given to children. *I have been astonished and delighted with the results.*

"I have thus treated, in all, 135 cases of intermittent fever, 74 being males and 61 females. These have included children, and, in some instances, infants in arms. The quotidian and tertian types of the fever were the forms principally presented. I have also treated four cases of diarrhœa (malarial), and eight cases of neuralgia (malarial), using the same remedy, only adding astringents or opiates in cases of diarrhœa, and narcotics in the neuralgia cases. One hundred and forty-seven cases have thus far been treated with the iodine, and *the results have been fully equal to those treated with the sulphate of quinia.*.

"In many of these cases the paroxysms did not return after the first dose, though I directed that the remedy should be continued some days after their cessation. In no case, so far as reported, has it proved an entire failure; but, in a few instances, the paroxysms have recurred two or three times, necessitating a greater persistence in the use of the remedy.

"In those cases accompanied by enlarged spleen, I have thought the relief more marked at once than when quinine was used.

"The Indians much prefer it to quinia, as it is by far more agreeable to take. This,

with them, and especially the children, constitutes quite a potent argument in its favor.

"The nationality of those treated embraced the white, the Indian and the negro races. The Indians predominated, though there were a number of each of the other classes treated.

"I at once reported the favorable results of this 'substitute' to my friend, Dr. Irving W. Smith, physician to the Kiowa and Comanchie Agency. A note from him, of the 14th inst., says: 'I have tried the new remedy in a number of instances, with both red and white patients, in each instance with complete success, so far as known. I have only a few ounces of quinia or cinchonidia, and regard the new remedy as a special blessing at this time. I have added the tinct. to simple syrup, a drachm to the ounce, with enough iodide of potassium to prevent precipitation on the addition of water.'

"'The fact that iodine exerts such a pronounced effect upon those very glands which appear to harbor the malarial poison, seems to render its efficacy quite philosophical. It only seems strange that the great value of this remedy as a substitute for quinia had not before been recognized by the 'profession.' Hundreds of persons have died of malarial disorders (especially in these out-of-the-way regions) because of the scarcity of quinia, or because it could not be obtained at any price, when perhaps, at the same time, iodine in quantity was in stock in the dispensatories."

Acute Dysentery—A Point in its Treatment.—In a recent lecture by Prof. Austin Flint, and reported in the *Medical Record*, the lecturer reiterates the views he advanced a few years ago on the self-limited nature of the disease, maintaining the affirmation of the proposition. While, however, holding these views, he does not advance them as a reason for non-interference with treatment. Much may be done to render the patient comfortable, besides sustaining him through the attack. Rest is a great desideratum, and opium is *the* means to this end. Enemata containing laudanum he is inclined to prefer.

He places reliance on a proper dietary. Such articles should be chosen as are known to be digested outside of the large intestines. No set dietetic rules, however, may be safely followed. The patient's own inclinations are a good guide. On the latter point, Dr. Flint relates the following:

"In 1874 I received a letter, in which is given an account of the personal experience of a gentleman with reference to a rather novel way of treating dysentery. He was encamped in the army four miles from Washington. He had suffered severely from pain and tenesmus, as well as frequent mucous and bloody discharges from the bowels, for forty-eight hours, and was greatly exhausted. He was unable to retain much food upon his stomach, and because of his irritable stomach had abstained from food for nearly eighteen hours. About that time an old negro came into camp, peddling oysters, and they were prepared and eaten with vinegar and salt. He says he felt a craving for this article of diet with its accompaniments, and that he ate freely of the oysters, and having heard an old physician say that vinegar and salt was an excellent remedy for dysentery, he gave them plenty of that kind of dressing. He writes that he was almost at once perfectly relieved, and that that was the last of his dysentery for that year. He also writes that he had frequent opportunities to recommend the same plan of treatment in his own and other regiments, and that it had uniformly been attended with the same success.

"There is no reason for discrediting the story which the gentleman relates, and certainly, from the writer's standpoint, the plan of treatment is somewhat novel. It is not probable, however, that the oysters produced any special benefit; nor is it any more probable that the vinegar and salt taken with the oysters produced any special remedial effect. But there is involved in the case a principle, which is perhaps worth mentioning. If we can find an article of diet which the patient desires and craves, and it can be taken and digested and assimilated, we benefit the patient by allowing him to have it, and also exert a controlling influence over the disease. This is the point which I wish to impress upon you. We are to be guided, to a certain extent, by the instincts and desires of the patient, and I am willing to say that, in almost every disease, if the patient has a well-defined desire for any article of food, it is wise to allow it to be taken. We are much safer in following the instincts of the patient, in this respect, than in following out any set of dietetic rules with theoretical form. I cannot but think, that adopting the same general dietetic rules and endeavoring to apply them to every case, is harmful.

The Detection of Feigned Insanity.—On this important medico-legal subject, Dr. W. H. DeWitt writes, in the Cincinnati *Lancet and Observer*:

The physician may be called upon to examine persons who feign insanity. This has been practiced in all civilized countries and in all ages. The vagrant finds the asylum a far better and more inviting home than the jail or workhouse. The criminal, fearing the

strong arm of violated law, assumes the garb of the imbecile, or raving madman, to shift his crime from his shoulder.

First of all, discover if there can be any motive for feigning insanity; usually the examiner will experience little difficulty in determining the true nature of such cause. For if the disease is assumed, they are simply imitators, and as such they are generally ignorant of the peculiarities, symptoms, etc., of the form of insanity assumed, and must, therefore, of necessity, be very clumsy personators. Occasionally a talented, educated person will thus seek to escape, but usually criminals are found in the lower stratum of society. If the person pleads, at the time he committed the act, he did not know it, or was unconscious of it, or stoutly denies having had any connection with it, the examiner should then carefully investigate his previous history, learn whether he has been an epileptic, or suffered from any other form of cerebral disorder, and, finally, whether he has received any injury to the head sufficient to disturb the mental integrity. If the examination develops the presence of epilepsy, it should contribute largely in his favor.

If, on approaching the patient, he should become loud and boisterous, remember that the real insane man, at the approach of a stranger, is generally quieter and less demonstrative. It is a fact worth bearing in mind that feigned insanity is always over-colored. If, as they frequently do, he assumes the role of the acute maniac, he will very soon exhaust himself and sleep, for none but a genuine lunatic can withstand the constant strain and excitement. In the early stage of acute mania, patients seldom sleep, unless under the influence of powerful hypnotics. A valuable means of diagnosis in such cases is to be found in the administration of certain medicines. In real or typical mania there is a certain insensibility or resistance to the action of drugs, such as opium, chloral and emetics. The quantity required to produce sleep, catharsis and emesis, in the malingerer, would produce little, if any, effect on the real insane man.

Influence of Date of Conception of the Sex of the Child.—J. B. Swift, M.D., Harv., discusses this question in the September 26th number of the *Boston Medical and Surgical Journal*. He details twenty cases in which the history was reliably determined, and which corroborate the theory he advances. In twelve of these cases the sex was correctly predicted before delivery, and in the remaining eight cases the data obtained after delivery were such as would have led to a correct prediction of the result, as to sex, had they been known before. Here is the theory:

The ovum represents the female element, the spermatozoa the male. We know that it requires only a few spermatozoa, perhaps a single spermatozoön, to impregnate an ovum. If an ovum becomes impregnated by a few spermatozoa the female element will be in excess, and the result will be a female. If, on the other hand, a good many spermatozoa impregnate the ovum the male element will preponderate, and a male will result. Now, if an ovum is high up, that is in the ovary or at the fimbriated extremity of the Fallopian tube, probably only a few spermatozoa will come in contact with it. But if the ovum is low down then many spermatozoa come in contact with it.

If menstruation and ovulation are dependent the one on the other, as many authorities affirm, then the situation of the ovum may be determined by the menstrual period. During the interval between the periods the ovum is in the ovary. Just before the flow begins the ovum may be on the surface of the ovary or in the fimbriated extremity of the Fallopian tube. As menstruation goes on the ovum descends, and the flow may entirely cease before the ovum is discharged. Then it is low down in the Fallopian tube, or even in the uterus itself.

Now, if coition takes place during the interval between two periods, or just before menstruation begins, the ovum being high up, only a few spermatozoa pass up the Fallopian tube and reach it; but if coition is just after menstruation, then the ovum is within the reach of many spermatozoa.

Stock breeders understand this. If they want a female they put the two sexes together at the beginning of the rutting period, but if a male is desired they wait until the female has been in heat some time.

Bryonia and Drasera in the Treatment of Whooping-Cough.—Dr. Lovet-Lamare. (*L'Année Médicale*, June, 1878, p. 105.)

The author gives in the first or catarrhal stage of the disease a daily dose of 1 gram of the tincture of bryonia to a child of seven years. The medicine does not abridge this stage, but it very sensibly diminishes the tracheo-bronchitis, which is then the only morbid manifestation; moreover, being bitter it stimulates the appetite, and does not occasion nausea.

When the characteristic cough occurs, he gives the tincture of drasera in daily doses of one gram for a child of seven years, and the frequence and violence of the coughing fits at once diminish. The value of this

treatment has been proved in a large number of cases, and also in the fits of coughing in certain cases of bronchitis, and even in phthisis, though not so marked as in pertussis. But little success has been obtained from it in coughs caused by laryngitis and laryngo-trachitis.

The dose may be increased by 5 drops or more every second day without danger, as it is not poisonous. The cough diminishes still more, but usually lasts for two or three weeks before convalescence. If, on the contrary, it be given to a child who has had the cough for three weeks or so, one may expect to *cure the worst cases in a few days.* From a large number of cases thus treated the author concludes that the disease may be shortened to at least one-half the time required by change of air, which is often impossible.

Obstetrical Anæsthesia.—The following is taken from *Seances* of June :

"Notwithstanding the opposition of MM. Depaul and Pajot, the feeling is decidedly in favor of anæsthesia in obstetrics. M. Dumontpallier brings some new observations in favor of chloroforming parturient women. The moment of indication is that of complete dilatation of the neck. Often chloroform only abolishes the pain of labor, leaving the consciousness and other sensibilities perfect. Chloroform, in the author's hands, is without immediate or consecutive danger to the woman in labor, thanks to her physiological condition.

"M. Hervieux, while being a partisan to obstetrical anæsthesia, interests himself of ridding the method of its inconveniences, contra-indications, occasional hyper-excitements, even with small doses, and tendency to syncope. The diseases of the heart and respiratory organs are the contra-indications. The author desires that too much enthusiasm be not manifested concerning it.

"Here are his conclusions :

"1st. Chloroform alleviates the pains of uterine contractions.

"2d. It procures, in the interval of the contractions, a perfect calm.

"3d. The semi-anæsthesia enables the woman to pass through the painful phase of the stage of dilatation.

"4th. Chloroform renders the great pains of expulsion tolerable.

"5th. It re-assures the primipara concerning the terrors of labor, gives to the multipara, who understands already the benefits of anæsthesia, a salutary confidence.

"6th. It sometimes renders the greatest service to nervous and hysterical women.

"7th. It is particularly useful in protracted or suspended labor, whether it be by nervous exhaustion, local pain, neuralgic or other, rigidity or spasmodic hardening of the neck or by the effect of partial or irregular contraction of the uterus.—*Cincinnati Lancet and Clinic.*

Cyst of the Kidney Mistaken for Calculus.—A few weeks ago a patient was admitted to the Samaritan Hospital, with what was believed to be a calculus of the right kidney. The staff of the hospital was unanimously of that opinion. Certainly the history of the case, and repeated examinations of the organ through the abdominal walls, pointed to calculus. The pain and suffering were such as to make an operation desirable. The patient wished it performed. Mr. Thornton, Mr. Wells being present, did it. He cut cautiously and slowly down upon the kidney from behind. On reaching the organ this was found to be enormously enlarged, projecting some distance below the crest of the ilium. When incised, a pint or two of urine dashed out. Mr. T. then carried his finger, and subsequently a long probe, into the kidney through the opening, but failed to find any stone. The cyst, if it was one, was well syringed with antiseptics, a drainage tube inserted, a large portion of the cut in the integuments brought together by sutures, and the patient placed in bed. I watched the case with much interest. Nothing occurred to excite the slightest apprehension. The patient said the old dragging and weight and pain were gone. Her temperature never rose to 100°; and so far, indeed, as her several symptoms went, she did not even seem disturbed by the operation.—Dr Yandell's letter to *American Practitioner.*)

The Treatment of Cancer by Pressure.—This is the very latest novelty in the treatment of this disease. M. Bouchui has invented a cuirasse of vulcanized india rubber, which he is said to have used with success for the treatment of cancerous and other tumors of the breast. The idea is not new, experiments having been tried in this direction without success. An analogous method is the ligature of the nutrient artery of such a growth, as in disease of the tongue. The *Lancet* remarks that it is obvious if pressure is to be effective it must be applied around the periphery of the growth, where the cell proliferation is most active. This must be obtained, it is said, by the careful adjustment of pads of cotton-wool. The neatest plan would seem to be the employment of compressed sponges, which might be bandaged

firmly around a tumor of the breast, and then allowed to swell by imbibition of water. The constriction of the chest would of course be great and thoracic respiration seriously interfered with. But the patient might be kept in bed, where abdominal respiration might suffice.—*Boston Medical and Surgical Journal.*

COMMON SALT AS A REMEDY FOR INTERMITTENT FEVER.—Dr. Brokes recommends for periodic fevers a very simple method of treatment, the efficacy of which he has often demonstrated in his travels in America and Hungary. He takes a good handful of table salt and roasts it in a clean, and, if possible, new, pan over a gentle fire, until it assumes a brown color, like that of roasted coffee. When the patient is a vigorous adult, a good tablespoonful of this salt should be dissolved in a glass of warm water, and the whole swallowed at a dose. When the fever recurs at intervals of two, three or four days, the remedy should be taken fasting on the morning after the day of the paroxysm. When the thirst excited by the salt become insupportable, a little water may be allowed to the patient, but it should be sucked through a straw. For forty-eight hours after the remedy has been taken no food should be allowed, except some beef or chicken soup; it is particularly necessary to observe a strict diet and to avoid chilling of the body during this period. Dr. Brokes asserts that he has employed this method of treatment for eighteen years, and invariably with success.—*Gazette des Hopitaux.*

MILK AS A VEHICLE FOR QUINIA—NEW REMEDIES.—R. L. Batterbury, M. D., says if one grain of sulphate of quinia be dissolved in an ounce of milk, its bitterness will be hardly perceptible. Even with two grains the bitterness is not marked. Five grains may be taken in two ounces of milk without an unpleasantly bitter taste, while in a tumblerful the bitterness of this quantity is almost lost. Since the Doctor chooses to recommend this as a mode of administering quinia to children, we think it proper to say that bad-tasting drugs, like quinia, should be given in articles of food, even in the case of adults, only in exceptional instances. There are other and quite as effectual ways of administering them, and it is, therefore, hardly advisable to risk the disgust which children often, and adults sometimes, acquire for wholesome articles of food, in consequence of their having some time been used as vehicles for medicine.

SHOT, ANTI-FURUNCULAR.—In the West and Northwest, shot (ten or twelve before breakfast each morning), are very commonly used to cure existing boils and stave off a crop of the same when expected. Those who use it, claim that seven or eight days of this treatment is sufficient to break up a severe attack of furunculosis. It may be of interest to know that shot-metal is not pure lead, but 3 parts of arsenic to 1,000 parts of lead. If the lead be coarse, 6 or 8 parts of metallic arsenic are required to make the metal.

FORMULARY.

Dr. James Glover, in the *Lancet*, commends the following in puerperal fever:

℞ Quin. sulph.	gr. ij	(	12)
Fr. ferri chloridi	M x	(	60)
Spts. chloroform	M x	(	60)
Syrupi Simp.	ʒ ss	(2	00)
Aq. dist.	℥ i	(32	00)

Mix. To be given every three or four hours. He gives also half a grain of opium every three, four, six or eight hours.

OXALATE OF CERIUM IN PREGNANT SICKNESS.

℞ Cerii Oxalatis	grs. x	(	60)
Tulv. trag. co	grs. x	(	60)
Tr. aurantii	ʒ ss.	(2	00)
Aquæ qs. ad	℥ j	(32	00)

Mix. Sig. Take at single dose.

Dr. F. E. Image, in *Practitioner*, thinks oxalate of cerium frequently fails because of insufficient size of dose.

RED BRANDING INK.

Powdered cochineal			
Cream of tartar	āā ℥ ij	(64	00)
Boiling water	℥ viij	(256	00)
Carbonate of potassa			
Powdered alum			
Gum arabic	āā ℥ i	(32	00)
Starch	℥ ij	(64	00)

Pour the boiling water on the cochineal and the cream of tartar, and after fifteen minutes add the carbonate of potassa and the alum. Lastly, dissolve the gum arabic in the liquid and add the starch. The color thus produced is much brighter than that of cochineal alone.—*Druggists' Circular.*

PERFUMED CARBOLIC ACID.

Carbolic acid	1 part.
Oil of lemon	3 parts.
Alcohol at 36°	100 parts.

The oil of lemon completely masks the disagreeable odor of the acid, without at all interfering with its properties. The above was long a secret preparation, known as Lebon's Perfumed Carbolic Acid.

TASTELESS CASTOR OIL MIXTURE.

℞ Ol. ricini	℥ i	(32	00)
Tr. cardamomi co	℥ ss	(16	00)
Ol. gualtheriæ	gtt iv	(	25)
Pulv. acaciæ			
Pulv. sacch. alb.	āā ii	(8	00)
Aq. cinnamomi, qs. ad	℥ iv.	(132	00)

—*Louisville Medical News.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, OCTOBER 25, 1878. No. 19

EDITORIAL.

MEDICAL LEGISLATION IN MICHIGAN.

Before another issue of the NEWS the State election in Michigan will have been held. We can only urge upon our readers, once more, the necessity of such action as we referred to in our last. We are pleased to hear that the plan we suggested of securing pledges from candidates for the Legislature has, in a number of instances, been followed. Our crowded columns prevent us from giving even a synopsis of a bill which it is proposed to introduce at the next session of the Legislature, but we shall, in due time, lay it before our readers. The necessity for some such bill being conceded, it but remains to secure the proper means to ensure its passage, and these means are the election of a Legislature pledged to the enactment of a just and equitable measure.

VIRTUOUSLY INDIGNANT M. D.'s.

An afternoon paper of this city has been endeavoring to create a little of that excitement which is so essential to the life of such journals, by publishing a pretended exposé of the methods of certain druggists and doctors in regard to prescriptions. Its reporter has interviewed a number of both physicians and druggists,and has collected information which reveals a very exalted virtue on one hand, and a very low degradation on the other. The evil complained of, and which is made to appear so infamously heinous, is an understanding by which physicians receive a percentage on prescriptions. While we do not endorse such a system, we cannot unequivocally condemn it. Theoretically it is wrong; but there is a large class of patients the remuneration for treating whom can only be secured in some such manner. The plan is one which admits of argument. It is, however, to the virtuous indignation of certain M. D.'s and druggists that we would more particularly allude. We notice the names of physicians who have been interviewed, and who are loud in their condemnation, whom we are pleased to learn have forsaken their evil ways, for certainly not many years have rolled away since they enjoyed the reputation of practicing, very openly, that of which they now complain. In one particular instance, a physician gave the reporter the exact number of prescriptions he had sent to a certain druggist during two years. Of course he did not have this number computed for any sinister purpose, but there are many who suspect the purity of his motive. It also transpires that some who are now the loudest in their complaints have systematically, for years, prescribed in characters which could only be deciphered by a particular druggist. There comes a time in the lives of some men who have worked themselves into a large practice, through irregular methods, when they are found out to have no intrinsic worth. When this time comes, practice falls off, and with this falling off druggists cease to hold out inducements. Such a time is propitious for an exhibition of virtuous indignation through the public print. This is of a piece with the methods by means of which they achieved the reputation which has departed. We doubt very much, however, whether the community can be thus twice gulled.

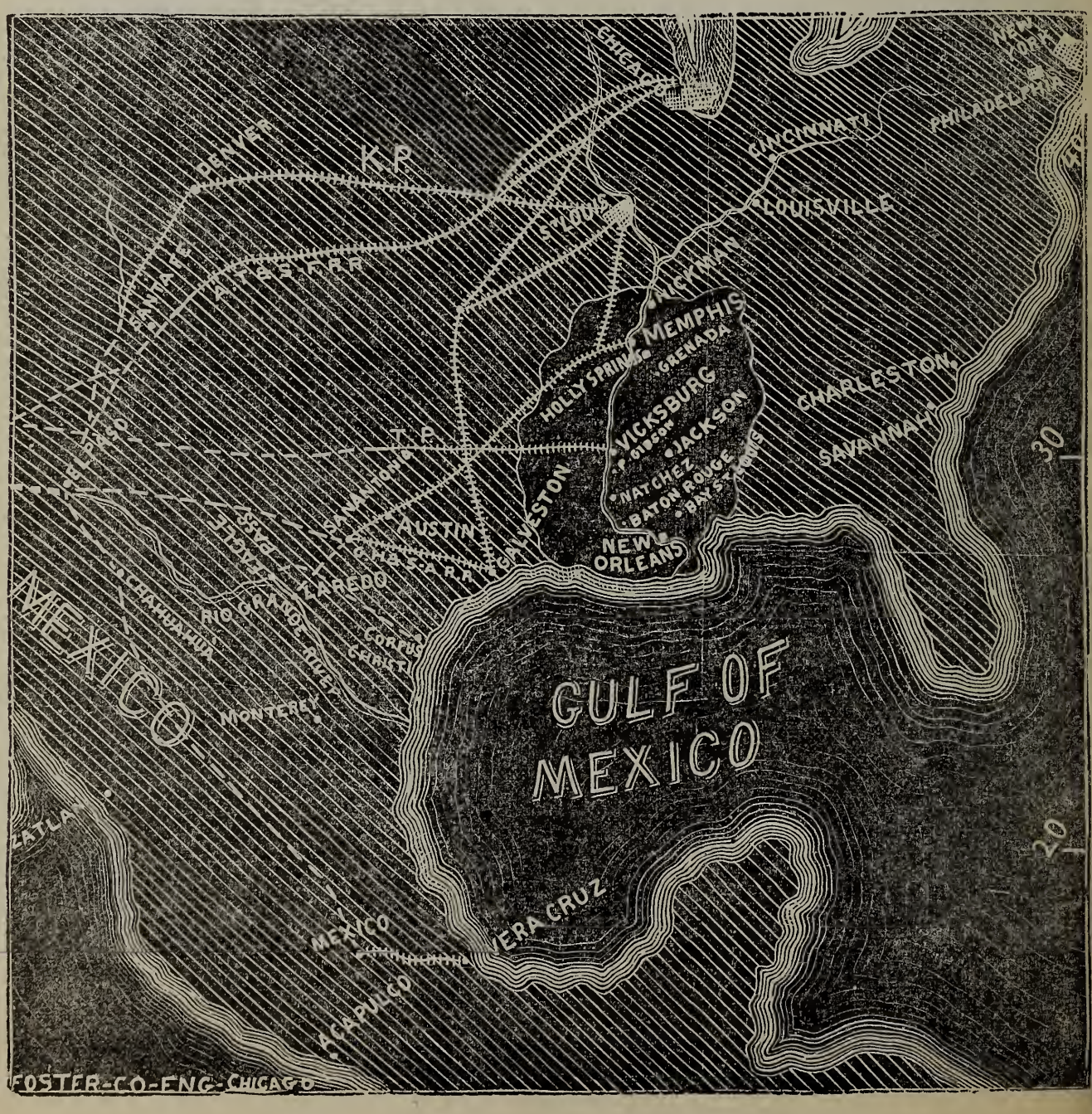
To the impecunious druggists whose names appear in the reported interviews with the newspaper man, we have only to say, "take the beam out of your own eye before removing the mote from your brother's." It is a matter of wonder that the physicians of this city have so long endured the imposition, both on them and on the public, which these druggists practice. With their sale of patent medicines and counter-prescribing, they are the natural enemies of the physicians, and we are, after all, not much surprised that they should now attempt to account to the public for the manifest falling off of physicians' patronage by charging their more honorable brethren with holding out questionable inducements.

THE YELLOW FEVER COMMISSION.

We are in receipt of a circular from Surgeon-General Woodworth, of the United States Marine Hospital Service, giving notice of the appointment of a Commission for the purpose of inquiring into the causation of the epidemic of yellow fever, which is spreading such havoc in the South. This Commission, consisting of Prof. Bemiss, of New Orleans; Dr. Cochran, of Nashville, and Prof. Howard, of Baltimore, has already commenced to work in New Orleans, and will visit other points at which yellow fever has prevailed. The Surgeon-General asks for the cordial co-operation of all who have facts to communicate. A preliminary report of such facts as may be gathered to November 19, will be presented to the American Public Health Association, which will convene on that day, in the city of Richmond. This report will not, however, terminate the labors of the Commission, but will be discussed, and the Commission advised as to the course to be pursued in its future labors.

The Commission will investigate, first, the causation of the commencement and spread of the epidemic; and, secondly, the natural history of the disease itself. It is deemed best not to embrace the matter of treatment in its labors, but to leave this to the medical journals of the country, and to individual reports.

It is to be sincerely hoped that these efforts may be followed by some practical good.



Inasmuch as there has been no appropriation, as yet, from the public treasury, the Commission is somewhat embarrassed on account of a scarcity of funds. It is the intention, should the voluntary contributions of money be sufficient, to add to the Commission a sanitary engineer, a microscopist, and a meteorologist. It would be too late to wait for the meeting of Congress for an appropriation, and voluntary contributions are earnestly requested. Sufficient may be done, within the next few weeks, to enable the Commission to present to Congress, at its coming session, something tangible. It is through the generosity of a Mrs. Elizabeth Thompson, of New York city, that the Surgeon-General was enabled to undertake the organization of the Commission, and it is hoped that the noble example of philanthropy set by the worthy lady may find many emulators.

No one will deny the importance of the work in which this Commission is engaged. It may possibly be negative of any direct results as regards the present epidemic, but it cannot fail to be of immense service in directing attention to the great lack of sanitary regulations in the South, and in this manner be instrumental, perhaps, in preventing the periodical ravages of this scourge. It is a fact that, in some of the Southern States, little or nothing has been done in the direction of sanitary science. Repeated and persistent, but unsuccessful, efforts have been made by the profession in those States to secure legislative interference. The administration of Ben. Butler in New Orleans may have had its objectionable features, but had the wholesome lesson his sanitary measures taught been heeded, yellow fever, in so far as it is dependent on defective sanitary provisions (and it is probably wholly owing to these), would long ere this have been stamped out in the South.

The accompanying cut represents the fever-stricken section. Up to a few days ago there has been no material abatement of the disease. The beautiful fall weather we have been rejoicing in has but increased the misery of the doomed region. Nothing but frost is likely to kill the germs, and it is with gratitude that we read the telegraphic reports informing us that it is beginning to set in in the Mississippi valley.

The following have remitted since our issue of September 25th:

Michigan—A. A. Carrier, J. N. Cooper, H. N. Brown, M. Vanboer, C. W. Tomlin.
Indiana—C. J. Balhand, G. C. Abbott, Allen Pierson.
Illinois—J. A. Postlewait, J. F. Plimell, C. R. Richmond.
Missouri—A. Penomet, J. M. Larrabee.
Kentucky—H. F. Strong, S. M. Skaggs.
Kansas—J. Young, S. N. Burgen.
Ohio—J. F. Samprell.
West Virginia—L. McLouth.
Pennsylvania—D. Fuget.
Arkansas—L. J. Collins.
Texas—J. W. Tottenham.

ORIGINAL ARTICLES.

DIPHTHERIA AND ITS TREATMENT.

BY H. A. EBERLE, M. D., C. M.

In this region of Iowa we have had to battle with the above dreaded disease for two years, and ever since its invasion there have been many large families of children entirely swept away with the disease. The profession have put forth more than ordinary exertions in trying to discover a mode of treatment that would match its deadly ravages, and, I believe, with partial success. In this communication, we do not intend to discuss the pathology of a disease on which so many scientific authors differ, and to which Oertel has done such masterly justice in giving so clear a description of its morbid condition; but, if we could aid the profession in any manner in giving our experience and success with the plan of treatment adopted, we would be doing nothing but our duty.

On August 30, 1878, we had the privilege of seeing a girl, thirteen years old, suffering severe symptoms of diphtheria. She was the sixth child in a family of eight that was smitten with the malady, five having previously taken the disease, and all died, under the care of Dr. Medbery, of this city. Dr. M., observing the case in the morning, and knowing it to be a severe one, remarked that he could "do nothing for her"; that "she would

die, as the others had." The family, not feeling satisfied with this prognosis, sent in haste, and I was soon on the scene of action. Ascertaining that the bowels were locked up for several days, I ordered magnes. cit., one tablespoonful, at once. I then prescribed the following: ℞. Sodæ sulphocarbolatis, grs. xxx; sacch. lactis, grs. xxx; m. ft. divide into xx powders. Sig.: one powder to be taken every hour. Also, the following, as a gargle: ℞. Pulv potas chlor., ʒiij; acidi hydrochloric dil., ʒiij; tinc. capsici, ʒj; aqua ad., q. s. ℥viij. M. S.—Use as a gargle every half hour.

In connection with this treatment, I adopted a novel plan of anointing the patches of micrococci with a steam atomizer, throwing a solution of carbolic acid, alcohol and water, of sufficient strength, on the tonsils, throat and nasal passages, by inhaling. The plan pursued worked like a charm, for, on my next visit, I was delighted to see no increase in the disease, and the temperature had abated to 101° F., which was 103.5° the day before.

On September 1, my patient was convalescing, the powders were lessened to intervals of three hours, the steaming also used every three hours.

Patient No. 2, a girl, nineteen years of age, in the same family, sickened on the 5th of September. Her initial symptoms were very severe. Temp., 104°; pulse, 120°. The same plan of treatment was adopted. The only difference was an increase in the amount of medicine, which was three grains of the sulphocarbolate of soda every hour; the gargle and atomizer used as in the preceding case. In three days my patient was convalescent.

Family No. 2.—In this family the worst features of the disease were manifest. There were nine children in the family, and eight, whose ages averaged between 18 months and 16 years, took the disease, one after the other. The family, being German, the house small, and the comforts few, while the sanitary condition was anything but good, I anticipated a large mortality.

Patient No. 6 in this family, a chubby little boy of three years, took the disease, when at the same time he had a severe coryza. I remarked to the parents that this one could not surely get well, but, after four days of careful treatment, he began to amend; when the mother "stepped out" a moment, the little fellow bounded out on the floor, barefooted, and crept to the door. Before he could be put back to bed, he had "taken cold," and at my next visit I found fresh invasions of the disease. The nasal passages were attacked, and the pharynx completely filled with the cryptogamic products. Ammon. mur., in grain doses, was added to the carbolate, and stimulants given freely, but nothing could stay the progress of the disease, death taking place the following day by suffocation.

Since the commencement of the above plan of treatment, I have treated thirteen cases, and one of which died. I attribute my success partly to non-interference, locally, with swabbings, or painting the pseudo-membrane, which, in the hands of the most expert physicians, especially where small children are the patients, is a dangerous procedure; and, when this part of the programme is left to nurses or parents, the tender and gorged mucous membrane is sure to be wounded, which causes at once a fresh surface for the bacteria to infest, and, moreover, small abscesses from beneath the mucosa and submucosa, the products of which are readily absorbed into the circulation, causing general blood poisoning.

Webster City, Iowa, October 5, 1878.

OBITUARY.

DEATH OF DR. J. H. BEECH.

It is our sad duty to chronicle in this issue the death of our senior editor, Dr. John Henry Beech, of Coldwater. On Friday evening, the 11th inst., he was confined to his bed with what proved to be double pneumonia, and on the following Thursday, the 17th inst., death closed the scene.

This is the brief record of the termination of a great and good life. Although Dr. Beech had reached three score years, none who were familiar with his wiry, active frame, and clear-cut, vigorous mind, but will feel that his death was premature. There are few, of our Michigan readers, at least, to whom the announcement of this death will not occasion a shock, for none knew the man but to honor and respect him. He was one of nature's noblemen—one in whom the elements were so kindly mixed that all the world might stand up and say, This was a man.

Dr. Beech was born in the township of Gaines, Orleans County, N. Y., September 24, 1819. He was the son of Dr. Jesse Beech, who died when John was but ten years of age. It was the father's desire that the son should not be a physician, unless his own inclinations tended strongly that way. The father left his family in straitened circumstances, and their support devolved on the lad. The thirst for knowledge, however, could not be quenched by adversity, and, in course of time, he had fitted himself in the

Gaines Academy for the sophomore year in Union College. Circumstances prevented a full collegiate course, and compelled his entrance upon the study of the profession of his choice. He graduated in April, 1841, at Albany Medical College, and then commenced practice in his native place, where he continued until 1850, when he removed to this State, settling at Coldwater, where he died, and where he established for himself a reputation as one of the leading physicians and surgeons of Michigan.

Dr. Beech became a member of the American Medical Association in 1854, and has been a member of the Michigan State Medical Society since its foundation. In all schemes for the advancement of educational interests, both of his own immediate neighborhood and of the State at large, he was deeply and actively interested. As a writer he was a model of keenness and directness. He was peculiarly sharp in controversy, but the innate gentleness of his nature restrained him from inflicting needless pain on an adversary. His contributions to medical journals are numerous, and the appearance of the name of J. H. Beech at the head of an article ensured for it a careful reading. When the MICHIGAN MEDICAL NEWS was founded, his active co-operation was cheerfully enlisted, and our readers will miss him.

Dr. Beech was a man of profound religious convictions. He cherished a deep faith in the religion of Jesus Christ. He was an active member of the Presbyterian Church, and was foremost in all philanthropic enterprises. His charity was profuse, and often did he burden and deny himself for others.

A sketch of Dr. Beech's life would be very incomplete without a reference to his war record, a record which has endeared his name to the citizen soldiers of Michigan.

We give way here to one who offers his tribute to the memory of an old companion in the days that tried men's souls—Dr. C. C. Yemans, Second Lieutenant Company D, of the 24th Michigan:

"Time passes swiftly, and removes from among us those men whom it should ever be our pleasure to honor—the men who took honorable part in the stirring times of war, and then returned to civil life to adorn each his peaceful calling, and contribute, in honorable methods, to the general good. Notably of them is the name of J. H. Beech, M. D., our confrere in all good works. The noncombatant part of our army served with loyalty and fidelity our country, after suffering all the privations, hardships and pains of campaign or prison. The medical staff had its privations and its honors. Others will write of Dr. Beech in private and professional life. I shall write of him as Surgeon of the 24th Michigan Volunteers. My contribution to his biography is rather the aspect in which he appears to the unprofessional observer. Dr. B. had associated with him as Assistant Surgeons, Dr. A. Collar, of Wayne, and Dr. C. C. Smith, of Redford, both gentlemen held in high esteem by their comrades. The regiment was raised in Wayne County, and Dr. Beech was appointed from Coldwater. What caused his appointment I do not know, but the regiment had cause for thankfulness for this wise selection. I do not know where he joined us, but it was my good fortune to make his acquaintance as we took the train from Cleveland, Ohio. He was a frail, thoughtful man, unobtrusive, patient and studious. His love for his profession was an enthusiasm. His kindness was womanly. His relation to the regiment caused him to be serious, as one carrying great care with carefulness; yet he was approachable and kind always. As a counselor he was wise in his advice. He was a man careful of detail. This led him to two great virtues: First, he planned for camp; advised the men how to try to save themselves from impending disaster, in case of severe wounds, *i. e.*, to prevent hæmorrhage, etc.; and then (second) he was good in *diagnosis*. I think no fatigue or indisposition could cause him to be careless of one who needed attention. He was a skillful operator, with more than usual conservatism, in time of battle. In short, I cannot analyse my friend. He had the qualities of heart and head which caused all to trust in him, and I am sure many brave men will shed a tear to his memory as each shall read of the death of the Surgeon. He passed through the war, assumed the duties of his profession, and I leave others to tell how he was received and regarded by those most capable of weighing his merits. I know—all honor to others!—no man was more highly respected by his comrades, more tenderly loved, and no one will be more sincerely mourned."

BOOK NOTICES.

THE PHYSICIAN'S VISITING LIST FOR 1879. By Lindsay & Blakiston.

This is the twenty-eight year of the publication of this excellent pocket visiting list. It comes to us in form similar to that of previous years, well bound in leather, with tucks, pocket and pencil. As the progenitor of such lists published in this country, its appearance and excellence is familiar to the bulk of the profession.

A Guide to the Physical Examination of Urine. By James Tyson, M.D. Philadelphia: Lindsay & Blakiston.

A careful examination of this (the second edition) little work of 175 pages justifies us in commending it to our readers. The conciseness of its style keeps it within the proper bounds of space, for a work of this nature should not be voluminous. It is a very practical little work, and its possession must stimulate interest in the important, but too much neglected subject of urinalysis.

Henry C. Lea announces that he has the following important works in preparation for early publication: The National Dispensatory, by Alfred Stille and John M. Maisch, of Philadelphia; Clinical Manual for the Study of Medical cases. by James Finlayson, of Glasgow; The Principles and Practice of Surgery (second edition), by John Ashhurst, of Philadelphia; Thomas Addis Emmet's new work on the Principles and Practice of Gynæcology; a second edition of Bryant's Surgery; A System of Human Anatomy, by Harrison Allen of the University of Pennsylvania; and a Manual of Pathological Histology, by Cornil and Ranvier, of the College of France, and translated by E. O. Shakespeare, of Philadelphia. This is certainly a magnificent array of both titles and authors, and some, at least, of the approaching works have for some time been looked for with interest.

MISCELLANY.

A Case of Peculiar Hyperæsthesia.—Dr. Geo. E. Robertson, of Platteville, Wis., writes: I do not know that I am communicating anything new, but it is nevertheless a phenomenon that merits the consideration of physicians. There is an old gentleman here afflicted with partial paralysis, especially the arm and leg of one side. He can hold a newspaper quite steady enough to read, while his hand is on the margin, but the second he touches the printed portion, his hand will shake so violently that he can scarcely retain the paper. A physician here experimented with his toes, while the patient's eyes were closed. The paper was slipped between two toes, with no visible motion while the white portion of paper remained there; but the instant the inky or printed portion came in contact, his foot and leg were powerfully agitated. It can only be from the chemical action of the ink. It seems nevertheless strange that so little could produce such an effect.

The Organ Vitativeness.—Fowler, the phrenologist, discourses in his lectures of the "Organ of Vitativeness": Its object is to lay hold of life, and to fight off disease; in other words, it is the seat of Miss Dombey's faculty "to make an effort." In one man it is small, and he doesn't care whether he lives or not, and, when he takes seriously sick, he dies. In another it is large, and disease assails his bulwarks in vain. It was large in Mrs. Ramp, but she had determined to die if her husband would promise her that he would not wed again. This the uxorious Ramp would not promise, and Mrs. Ramp changed her mind and determined to live, and she did live, to make Ramp sorry he hadn't promised her. Fowler is of the opinion that, when a person dies, it is his own fault; that every one might live as long as he wishes, if he only wishes intensely enough. The man with the feline complement of lives will now give way to him with the large bump of "vitativeness."

Removal of the End of the Rectum with the Sphincter Ani for Epithelioma.—Dr. George E. Fenwick reports, in the *Canada Med. and Surg. Journal*, a case of the successful removal of four inches of the lower end of the rectum, together with the sphincter ani. This operation has been considered, by leading British surgeons, as barbarous and unscientific, although several cases in which it has been resorted to have been reported by continental surgeons. In Dr. Fenwick's case, the operation was performed August 6th, and at the time it was reported, September 27, the patient, an old lady of seventy, was in a very satisfactory condition. There was inability to retain the fæces, although she was fully aware when the bowels were about to act, and had sufficient warning to enable her to make the necessary preparations for cleanliness. In such cases, an early operation would seem to be alone attended with reasonable hope of success.

The Use of Iodoform.—Finely-powdered iodoform, or mixed, one part to three, with unguentum petrolei (cosmoline or vaseline), makes an admirable dressing for irritable ulcers or other sensitive surfaces. Soap should never be applied to such surfaces, as it is irritating. Even water should be thoroughly boiled, and allowed to cool, before applying it. The disagreeable odor of the iodoform may be corrected by rubbing it up with sulphuric ether, which is afterwards allowed to evaporate. Tannin, in equal parts, is also said to effectually disguise the smell, although we have never tried it.

OFFICERS OF THE WAYNE COUNTY MEDICAL SOCIETY FOR 1878–9.—The following is a list of the officers elected at the late annual meeting of the Wayne County Medical Society:

President—Wm. Brodie.
Vice President—Peter Klein.
Secretary—W. H. Rouse.
Treasurer—G. R. Richards.
Board of Directors—Henry F. Lyster, E. S. Snow, Wm. C. Gustin, J. B. Book, C. H. Leonard, Wm. Brodie, ex-officio, W. H. Rouse, ex-officio.

This society partakes more of the nature of a club than of the stereotyped Medical Society. It is a model of harmony and good feeling, and its meetings are, withal, full of profit. Its method is a new departure, and one which other medical societies might copy with benefit. The formal discussion of scientific questions is not the most profitable business of a meeting of medical men.

ANOTHER PRESENTATION TO DR. BRODIE.—Our friend and colleague, Dr. Wm. Brodie, is having an astonishing run of luck in the way of receiving presents. We have had occasion, once before this year, to notice the presentation to him of a set of Holmes' Surgery, and now again he and his estimable wife are the recipients of a beautiful and costly gift from the Wayne County Medical Society. At the late annual meeting he was, for the second time, re-elected to the Presidency of the Society. Owing to his absence from the city, the tokens of esteem were deferred until the following meeting, which took place on Thursday evening, the 17th inst. On that occasion, Dr. Wm. C. Gustin, at the close of a very elaborate address, and one teeming with wit and pointed local hits, presented Dr. Brodie with a hickory cane. The intrinsic value of the cane was not great, but the material out of which it was fashioned was strikingly emblematic of the recipient. In the midst of pleasantries following this presentation, Dr. J. Burgess Book came into the room, preceded by a magnificent silver water pitcher, with goblets and bowl, borne on a silver tray. Mrs. Brodie was introduced from another side of the room, when the presentation of the silver took place. After the doctor had recovered from his unaffected surprise, he very feelingly responded on behalf of Mrs. B. and himself, thanking the donors for the regard and esteem which their gift betokened. Mrs. Brodie very gracefully declined to make any remarks at that time, but extended an invitation to all present to call again on Thursday evening, the 31st inst., when she would endeavor to acquit herself. The affair was a very happy and enjoyable one, and we congratulate Dr. and Mrs. Brodie on the high regard in which they are held by the medical gentlemen of Wayne county.

A VALUABLE HINT IN THE MATTER OF FEES.—A London physician prints his tariff on small slips of paper, and hands one to each new patient. The result is that the said patients know just what they are expected to pay, and there is no grumbling. This is what the printed slips contain: Single consultation or visit by day, one guinea; frequent consultations or visits, by day, half a guinea; consultations or visits, by night, one guinea; frequent consultations or visits, by day, to two or more of the same family, each person seven shillings; frequent consultations or visits by night to two or more of the same family, each person, half a guinea. Servants as by agreement; distant consultations, or visits in the country, the customary physician's charge.

COMMON SALT AS A REMEDY IN EPILEPSY.—The *Berliner Klinische Wochenschrift* contains the report of a case of epilepsy, occurring in a young man of 18½ years of age, in which all the usual remedies had been resorted to, with no avail. The paroxysms occurred regularly at mid-day. Common salt was given, in teaspoonful doses, before the time of the fit, with the effect of warding off the attack up to the time of the publication of the report—seven weeks after the resort to the salt. Common salt is a domestic remedy for convulsions of all kinds, and the case reported would seem to confirm the statement that, in all popular beliefs, there is hidden some grains of truth.

LICENSING PROSTITUTION.—It cannot be denied that this grave question is seldom, if ever, dispassionately discussed, and it is doubtful that it ever will be. The innate abhorrence of the vice among those otherwise qualified to discuss the question will probably always be a factor in biasing judgment. The City of St. Louis has tried the experiment, and the *Med. and Surg. Reporter* has this to say concerning it: It is no easy matter to say whether the law which, for a few years, regulated prostitution in St. Louis, was of positive general good. The Mayor said, most positively, that it was; several members of the American Medical Association reported to that body that it was; the editor of the St. Louis *Clinical Record* says: "The working of the law once in force in St. Louis, imperfect though it was, demonstrated to our satisfaction the necessity and the utility of some regulation of the evil. Appeals to pre-

judice are of no avail; let us have facts in relation to this subject." On the other side a series of frantic appeals to prejudice, and assertions wholly unsupported by evidence, are all we have seen offered.

DR. FOTHERGILL'S TEMPERANCE. — The British Medical Association, at its recent meeting at Bath, received an invitation to breakfast with the National Temperance League of that place. Upwards of one hundred and fifty members responded, and the post prandial remarks on the occasion were interesting. Those of Dr. Fothergill were both peculiar and interesting. "He felt grateful to the temperance workers for having forced the question of the use of alcohol upon the profession. In order to reach the lower grades of society, the upper must teach by example as well as by precept. For himself, he was *a teetotaller for eighteen out of the twenty-four hours.* He disapproved of the use of alcoholic liquors during business hours." In so far as Dr. Fothergill meets the evil half way, he is certainly "temperate," and we shall not dispute the correctness of his ideas of temperance, but we question whether he could entertain them and at the same time consistently wear a red ribbon in the buttonhole of his coat. Conceptions of temperance seem to vary with parallels of latitude and meridians of longitude.

MACROTIN, A UTERINE TONIC AND SEDATIVE.—Macrotin is recommended as an aid to parturition. Taken for a month or so previous to the act it is said to greatly facilitate labor. We have had no experience with it with this purpose in view, but have given it with good results for a few days previous to menstruation in cases of neuralgic dysmenorrhœa. It is an alkaloid obtained from cimicifuga racemosa, and may be given for the latter purpose in grain doses three times a day.

THE MICROPHONE DISTANCED.—Galignani's *Messenger*: The last scientific story is told thus: The *Saturday Review* once declared that the greatest benefactor of the human race would be he who could enable men to drink an unlimited quantity of wine without getting drunk. Such a man has been found. Dr. Bell invented the telephone, but its wonders pale before the telegastograph. This is an electrical machine by which the palate can be tickled and pleased by any flavor, and for any length of time, without fear of indigestion or inebriety. By putting soup, or fish, or wine into a receptacle connected with a powerful battery, the taste of the daintest viands can be conveyed along a telegraph wire for miles, and to an unlimited number of *bons vivants.* They have only to put the wire into their mouths, and they seem to be eating and drinking. They may get drunk or overfed, but the moment the contact is broken the evil effects pass off, and nothing remains but "a delightful exhilaration." The inventor, however, keeps the *modus operandi* a perfect secret, and wishes to perfect his discovery before he discloses it to the world.

PARAGRAPHS.

Cholera is reported as having broken out and causing much havoc in northern Africa.

THE NEW BABY.—Nurse: "Is it a Cherman or an Enklish papy?" Lady: "Well, I don't know. You see she was born in England, but my husband is German." Nurse: "Ach, sho. Zen ve vill vait to see vat lenkvetch she vill schbeak, and zen ve vill know."

A man named Lynch, of Rutland, Vermont, claims $40,000 damages from the village for the loss of three of his children from diseases caused by imperfect sewerage. Which way so ever the law may decide this case, justice is on its side. A few such prosecutions might do much good.

A doctor received by mistake as his fee a couple of mint lozenges rolled up in paper. The gentleman, meeting the doctor next day and having detected his mistake in the meantime, asked him jocularly how he liked his fee. "Oh! it was very sweet," was the reply. The real fee was remitted on the next day with the following accompaniment:

"The fee was sweet"—I thank you for the hint.
These are as sweet; they've both been through the Mint.

The Toronto University is about to make its standard of matriculation the same in the medical as in the arts department. This will place that institution in advance of any medical school on the continent in its preliminary requirements. We hope the day is not distant when American schools will follow suit in this matter. What the country wants is not so much more doctors as better doctors, and the way to secure them is to cull out the beginners. Success to the University of Toronto!

It pleases us to be informed by the Assistant Superintendent of the Minnesota Hospital for the Insane, Dr. Jacob E. Bowers, that certain charges copied into the NEWS of September 25th, and reflecting on the honesty of

the honorable the Trustees of the said Hospital for the Insane, "are not only exaggerations, but downright lies." The doctor adduces evidence which proves beyond the shadow of a peradventure that the said Trustees are like unto Calphurnia, Cæsar's wife—above suspicion. It was political rancour that originated the story of their short coming.

The *Medical and Surgical Reporter:* Financial doctors say the cause of the hard times is "lack of confidence." This was not the matter with a husband down South, whom Dr. R. L. Payne tells about in his address as President of the N. C. Medical Association. He was speaking of "mothers' marks," and gave this example: "A black child was born to a white married woman in my county, and she accounted to her husband for its very dusky hue by assuring him that she had been terribly frightened by a negro man who had presented himself before her in a half nude state. The husband was satisfied and is still happy."

Prof. Frank H. Hamilton, in the course of an annual address delivered before the American Academy of Medicine, at Easton, Pa., said: It will, perhaps, interest those young men who are pursuing the study of letters in this College, and who contemplate entering upon the study and practice of medicine, to know that it has been lately estimated that nearly one-half of the population of this country receive their medical services gratuitously, so that the proportion of physicians to the paying population is about 1 to every 300. In this sense, at least, ours is a "liberal" profession—the most so of all other professions or callings.

A Dr. Boardman, who was once so wroth at the faculty of the department of Medicine and Surgery of the University of Michigan, for their *quasi* connection with the "unclean thing," homœopathy, that he wrote letters denouncing them, has eaten all his dirt, and has even got so low as to be a caudal attachment to the professor of surgery in the homœopathic department. We have not yet concluded which we despise the most—the pitiful time-server who can sacrifice principle for a paltry pittance, or the institution in which there is such a dearth of material that it is obliged to pick up renegade apostates to fill its chairs. At present writing, the odds are slightly in favor of the intellectually poverty-stricken institution.

SELECTIONS.

Some Practical Points in the Treatment of Phthisis.—The following practical points are gleaned from a clinical lecture by Dr. Beverley Robinson, and reported in the *Medical Record:*

How are you to treat the cough of phthisical patients? It is oftentimes a difficult question. Do not give opiates, however, until you are absolutely compelled. Other remedies sooth the cough quite as well in the beginning, and do not destroy the appetite and weaken the digestion to anything like the same degree. Try chlorodyne first of all. It is a proprietary remedy, I am aware, and as such deserves our reproach; but is certainly an admirable one, and will do more for the cough of phthisical patients than any other anodyne with which I am familiar. It contains morphine, but I rather suspect its essential action is due to the chloroform and prussic acid among its numerous ingredients. Give it in doses of x to xx drops *pro re nata.* For several months, both in the Outdoor Department of the New York Hospital, at Charity Hospital and elsewhere, I have given dessertspoonful doses of the mistura creasoti of our pharmacopœia, to lessen the quantity of sputa in phthisis. I am very much pleased with this remedy, and believe it merits a very extensive trial. No doubt, in lessening the abundance of expectoration, it also diminishes the frequency of cough. As a counter-irritant to the chest, I have used tincture of iodine. I believe it is a good local remedy, but I also believe part of its beneficial action is due to its effects upon the respiratory tract by inhalation. You know that iodine is volatile, and in this way becomes a modifying agent of considerable value in all affections of the bronchial tubes. I first learned its use in a solid form from Prof. Piorry, of Paris, the inventor of the plessimeter, who often ordered metallic iodine to be placed in an open vial at the patient's bedside during the hours of sleep. If the vapors become too irritating and excite cough, the vial should be closed with a stopper. If not, it may be permitted to remain open throughout the night and the patient will inhale the fumes, which are unquestionably useful in many cases. In the tincture of iodine I consider the alcohol objectionable. There is a remedy which acts more severely than iodine, but which is certainly a capital counter-irritant. The one I refer to is the emplast. thapsia. It is not much employed in our country, but will, I trust, become by and by more generally known and used. When a thapsia plaster is applied, be careful

not to put it too near the neck, and after applying it wash the hands thoroughly. Thapsia is volatile, and may cause red blotches on the neck and face, which are temporarily disfiguring, if these precautions be ignored. The plaster should be applied at night and allowed to remain from eight to twelve hours, according to the delicacy of the patient's skin ; after the expiration of this time it raises a myriad of miliary vesicles, upon the skin in the place where it was applied. If itching results, it may be allayed by smearing the surface with almond oil. Thapsia is not a cause of permanent disfigurement, as croton oil or tartar emetic are, when applied locally, and it is not so painful in its action as mustard or cantharides. In concluding these somewhat elementary, but practical remarks, let me insist before you upon the great value of Churchill's hypophosphites of lime, soda and potash. In my hands they have done really good work, and I can scarcely recommend their use too strongly; they are indeed in the treatment of catarrhal phthisis the most efficient remedy I know of. You will find, however, upon reference to Dr. Churchill's original pamphlet, published many years since, that he considers the manner in which they are prepared of primary importance, and on this account they should only be purchased at a drug store of high repute. Dr Churchill advises them to be given in doses of ten grains in half a teacupful of milk upon rising in the morning. Whenever I have been able I have adopted this way of prescribing them.

Hyperidrosis.—The following are two of a number of answers sent to the *British Med. Journal* in reply to an enquiry by "A Member" for a remedy for moist hands;

"In answer to 'A Member's' query on the above subject, I beg to recommend a remedy which I found most useful in hydrosis manuum following small-pox and other eruptive fevers—namely, extract of belladonna painted around the wrist in the form of a bracelet once a day. It would be of interest to me to know if the above remedy is successful in your correspondent's case."

"The particulars of a case of hyperidrosis which came under my notice some time ago, and the result of the treatment adopted may be of interest and use to your correspondent, "A member," writing on the subject of moist hands. In my case the patient had been a sufferer from hyperidrosis of the feet for years. The secretion was of an offensive nature, and a source of constant annoyance to himself and his friends. He had tried various 'remedies' without effect. I prescribed the treatment first recommended, I believe, by Dr. Sydney Ringer, viz., the local application of belladonna. The result was successful beyond my anticipations. The action of this drug appears to be as efficient in checking the secretion from the sudiferous glands as it does in arresting that of the mammæ. I would recommend the unguentum belladonna to be rubbed in twice daily, or the liniment may be substituted if a greasy application be objected to. If the belladonna treatment should fail, I would advise a trial of the method originated by Hebra, and highly recommended by M. Hardy and others. This plan consists in covering the affected parts with strips of diachylon plaster, so that the hand or foot, including the fingers or toes, is completely shut in. The plaster must be renewed each day, after thoroughly wiping the parts with a warm dry flannel. This should be repeated daily for a fortnight. It has occurred to me that by using the emplastrum belladonnæ we should derive the benefits from the local application of that drug, together with the advantages of the diachylon treatment at one and the same time. Constitutional means and the ordinary astringent lotions are useless in these cases of partial sweating."

Experimental Researches on the Insufflation of air into the Gastro-intestinal Canal.—By Dr. Juan B. Gil.—The author, a member of the Faculty of Medicine at Buenos Ayers, had commenced these researches with a view of elucidating the pathogeny of tympanitis, but, finding the experiments of especial interest, he concluded to embody the result in a separate thesis.

The insufflation of air by the rectum in the dog or rabbit will cause it to ascend as far as the stomach, and inflate this organ in the same manner as it is done by the œsophagus direct, without the least resistance from the ileo-cæcal valve; but this necessitates plugging of the rectum. A dog can bear without inconvenience an intestinal tension of 9.2 centimetres of mercury, while in the rabbit such a pressure would produce rupture of the intestine.

The vomiting produced by the insufflation of air in the stomach takes place constantly in the dog when the organ reaches the limit of distension. This is not the case with the rabbit, but expulsive contractions of the abdominal muscles can be seen. The vomiting takes place even when carbonic acid, hydrogen, or water is introduced, and persists after section of the pneumogastric nerve. It is reproduced just as well by electrical

excitation of the central as of the peripheral extremities of these nerves, whether there was or was not previous distension by gas or liquid. Vomiting from intestinal insufflation does not take place during complete anæsthesia, but appears when the corneal sensibility has returned.

The convulsive contractions of the abdominal muscles and diaphragm which characterize the act of vomiting, do not take place during intestinal insufflation when enervation of the stomach is produced by detaching it from its vasculo-nervous connections by a strong ligature. Nor does it occur when the animal is curarized.

Insufflation by the intestine of air saturated with the vapors of chloroform produces general anæsthesia just as well as when given by the lungs, but the intestinal anæsthesia is not so susceptible of control, for absorption of the chloroform continues even after the desired effect is produced.

Pulmonary insufflation lessens arterial tension (represented by a column of mercury) from 12 to 4 centimetres and even less, while intestinal insufflation enhances it slightly. The first increases venous tension, the second also, but less than the first.

During the vomiting by injection of air into the intestine both arterial and venous tension are considerably increased. Intestinal insufflation at a pressure of 9.2 cen. of mercury reduces the pulmonary capacity almost one half.

These are the important facts in the thesis, and there will result from them, without doubt, numerous applications to pathology. —*La France Medicale.— Cincinnati Lancet and Clinic.*

Elastic Adhesive Plaster.—For some time I have been trying to find an elastic covering that, being attached to the skin, would move to the movements of that membrane and the parts beneath it without causing an unbearable sensation of stiffness or an uncomfortable wrinkling. As there was nothing in our market to suit me I procured some india rubber, and giving it a coat of plaster, such as is recommended in Griffith's Formulary under the name of Boynton's adhesive plaster (lead plaster one pound, rosin six drachms), I found the material I wished. After using it as a simple covering for cases of psoriasis, intertrigo, etc., I extended its use to incised wounds, abscesses, etc., and found it invaluable. Placing one end of a strip of the plaster upon one lip of the wound, and then stretching the rubber and fastening the other end to the opposite lip of the wound I had perfect apposition of the severed parts, the elastic rubber acting continually to draw and keep the parts together. When I have been unable to get the sheets of rubber I have used the broad letter bands (sold by all stationers) by giving them a coat of the plaster. I do not know if this kind of a plaster has ever been placed before the profession. If it has I can do no harm in again calling the attention of surgeons to it. If it has not, I feel assured that any one who uses it once will never again be without it, as it is cleanly, certain and satisfactory in its action and fulfils indications that no other plaster does or can.—Dr. Wilbur P. Morgan in *Boston Med. and Surg. Jour.*

Treatment of Acute Parenchymatous Nephritis of Pregnancy—Dr. W. L. Richardson, of Boston, read a paper on this subject before the late meeting of the American Gynæcological Society. Its object was to call attention to the necessity of examining the daily quantity of urine passed, as well as the quality of that secretion ; the latter showing the presence of a threatened danger, the former revealing the true extent of the danger. The writer concluded the paper by advising that from time to time, the urine of a pregnant woman be examined with a view of early detecting the presence of an acute parenchymatous nephritis. When such a disease was shown to exist, a record of the daily quantity of urine secreted should be kept. If the quantity fell largely below the normal, we should endeavor by proper treatment to re-establish the impaired function of the kidneys, or failing in that, to supplement their loss of action by the increased action of other excretory organs. If the quantity still diminished, the induction of premature labor at once was recommended.

The paper being before the Society for discussion—

Dr T. G. Thomas, of New York, remarked that he had listened with interest to the paper because it expressed his own individual views upon the subject. He regarded it as a serious error when a physician thought it necessary to produce premature labor in every case of albuminuria. In the treatment of these cases he regarded it as important to keep up the excessive action of the skin, and for that purpose pilocarpin (jaborandi) was suggested as a most reliable diaphoretic.

Acne Cured by Sulphide of Calcium. —In the *Lancet* of August 17th Dr. Howard Cane, of London, reports a number of cases of this very common and most disfiguring affection successfully treated by sulphide of cal-

cium. He begins with one-fourth of a grain thrice daily, and gradually increases it to six grains a day, and when the cure is nearly complete he gradually decreases the amount. The powder should be kept in an air-tight bottle, and is best given with a little sugar. It must be taken regularly for some weeks or months to secure a cure. Dr. Cane has notes of sixteen cases thus treated, thirteen of which were perfectly cured, and the other three were greatly benefitted. All of the cases were inveterate ones that had passed through the hands of many physicians without relief. The severe cases of acne are, in our judgment, almost always of scrofulous origin, and the action of the calcium upon this diathesis probably accounts for the success of the treatment. Dr. Cane advises, in conjunction with this remedy, hot-water steaming of the face and rubbing with a rough towel, and for a face-powder precipitated sulphur. Diet, exercise, and hygiene require judicious attention.—*Louisville Medical News.*

THE EUCALYPTUS IN MALARIAL DISORDERS.—Dr. H. B. Dow, of London, contributes the following experience with this remedy to the London *Lancet:*

In the first case in which I tried it, it was suggested to me by my patient, he saying that he had taken quinine by the pound without result, and that the eucalyptus was the only remedy for him. He had many years since contracted malaria of the worst type in the Douro district, and had tried most remedies without avail. A very few doses of the tincture of eucalyptus globulus removed the symptoms.

In the second case, my patient had been many years abroad as a missionary, and suffered severely from intermittent fever contracted during his labors in tropical climates. He also found no relief from quinine, but was very speedily relieved by the eucalyptus.

In the third case, my patient was a gentleman who had lived many years in India and China, and during his residence abroad had had seven attacks of ague. Recently he experienced a return of his old symptoms, and took quinine, as he had been accustomed to, to check the illness. However, on this occasion it failed to produce the usual effect, so I recommended him to try the eucalyptus. The effect was at once marked, and speedily all his intermittent symptoms left him.

The remedy is pleasant to take, and the dose I have prescribed is ten minims of the tincture.

"SIMILIA" ON A RAMPAGE.—A Chicago homœopathic doctor reports in the New York *Homœopathic Times* a case of renal calculus which refused to yield to nux vomica, colocynth and other remedies, though they were given, we suppose, in doses potentially annihilated after the orthodox formula of Hahnemann. The patient being "frantic with pain," he "gave moderately of chloroform," and then a grain of morphia at a dose! After this she rested quietly for a time, but only for a time. A tobacco poultice (similia?) relieved the strangury. He next inserted a catheter with an aspirating syringe attached, and pumped out the bladder. He adds: "I continued the pumping process, exhausting the bladder and producing a partial vacuum, with, perhaps, from three to five pounds pressure, when suddenly the patient made a quick, sharp outcry and said, 'There it comes, thank God!'" The calculus was drawn into the bladder. This is all very good, and the process, which he compares to sucking an oyster out of its shell, may be worthy of further trial. But we fail to see where the "similia" comes in. He pumped the wrong way for homœopathy.—*Pacific Medical Journal.*

HOW TO KILL A TAPEWORM IN AN HOUR.—Kousso and kamela are expensive drugs, nauseous to the taste, not always effectual, and requiring several days to effect the death of the worm. Dr. Karl Bettelheim, of Vienna, narrates in the *Deutches Archiv*, a heroic method and nearly sure cure in the short space of time of three-quarters of an hour to two hours. It is this: He inserts a tube in the œsophagus, to the stomach, and pours down from 200 to 400 grammes of a very concentrated decoction of pomegranate root, having previously had his patient fast for twenty-four hours. The worm is stupefied and passed, head and all, to a certainty; the patient has no sickness of the stomach and no nauseous swallowing to do; and the drug is cheap.

CONCENTRATED SOLUTION OF CHLORIDE OF SODIUM IN PURULENT WOUNDS—Dr. de l'Aulnoit, at the Association for the Advancement of the Sciences, speaks in high terms of the treatment of empyema by means of salt-solution injections. He has also employed it with splendid results in various abscesses. Dr. Potain also added to the list of cures by this method a case of hydatid cyst of the liver, which had been opened externally, and suppurated to an extreme degree. The modus operandi of the medicament was not explained. *American Med. Bi-Weekly.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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WHAT'S IN A NAME?

There is an evil under the sun which should be remedied, if practicable. We refer to the name by which the regular physician allows himself to be called. Hahnemann applied the name "allopath" to a real or fancied class of physicians of his day, and, somehow, this name has been accepted, in these later times, by many (a large majority) of the regular fraternity. The people, almost universally, suppose that the regular profession of medicine is but one of the "pathies" into which the art of healing is unfortunately divided. The name "allopath," or "old school," sufficiently designates to them this sect, whilst it carries with it an idea of exclusiveness and old fogyism, just as the name "homœopath" or "hydropath," or "new school," does of a like exclusiveness, but something new and better. The regular physician finds himself constantly regarded as a fossilized sectarian, only more arrogant and supercilious than his "new school" competitor, because he belongs to the dead past.

This matter of name, at first sight of little importance, carries with it a significance and force to the detriment of medicine, in proportion to the universality of its usage by the laity and its passive acceptance by physicians. Neither of the names "allopathy" or "old school" does justice to the scope and contemporariness of medicine, and both convey an erroneous and hurtful impression. Why should it not awaken a like resentment in every physician, to be called an "allopath" as to be called a "homœopath"—to be called "old school" or "old fogy?"

To the multitude, who know nothing of the universality and progressive character of medicine, nor of the narrowness and absurdities of the ideal and exclusive systems of medical practice, the *names* by which they are respectively called convey a world of meaning. Thus "homœopathy" conveys to their minds the ideas of new school, improved methods, small doses and sugared medicines; "allopathy" or "old school" means an old crystallized system, struck out by Hippocrates or Æsculapius, around which revolve the bloody lancet, calomel and jalap, and nauseous drugs of epsom salts and quinine. Now, as every one who practices medicine is dubbed "physician" or "doctor," it is fitting, in our opinion, that the regular profession should adopt such a title as shall, with sufficient accuracy, convey the ideas of rationality and progression. Why should we not call ourselves "rational" physicians, and our art "progressive medicine?"

W. P.

A FLYING VISIT TO ANN ARBOR.

It was our fortune a couple of weeks ago to visit the "Athens of the Northwest." We naturally selected the medical department of the University as our objective point. In view of the severe ordeal which this department has been passing through of late years, and of the new departure it has instituted in lengthening its session to nine months and raising its standard of matriculation and its curriculum, we were curious to compare its prosperity with that which has characterized its previous history. The most enthusiastic friends of the institution had anticipated a material falling off in this year's attendance, while those in whom the wish was sufficiently strong to father the thought prophesied that but the skeleton of the old time classes would occupy the amphitheatre. We were, therefore, surprised to find evidences of the most substantial prosperity on every hand. Never in the history of the medical department has a session opened more auspiciously. Upwards of three hundred and fifty students at this writing have matriculated. This number, it may be said, has been exceeded in past years, and we grant it; but had the number decreased from that of former years in proportion to the general depression throughout

the country, and the falling off in the size of medical classes in other institutions, a much smaller number would have been in attendance.

The increased standard of requirement for matriculation has had its effect in the improved educational qualifications of the present class. That this matriculation examination has not been a mere matter of form is supported by the fact that graduates from the most noted high schools in the State were unable to pass it. Encouraged by the success that has thus far attended their efforts to advance the cause of a higher medical education, we trust the faculty will open each year with a higher standard.

The clinique was well supplied with material. Prof. Frothingham added another to his extensive list of cataract operations. He performed Graefe's modified linear extraction. During the year ending April 24th, 1878, he operated thirty times with 90 per cent. of successful cases. This percentage is very large—unequaled, we think, in any report of an equal number of cases—and very remarkable when it is considered that the patients are not as absolutely under control as they are at regular ophthalmic institutes.

Prof. Maclean in the surgical clinique had several very instructive cases. A young man was presented to show the class the result of grafts which had been planted sometime previously. Through a threshing machine accident the entire leg below the knee was stripped of its skin. Grafts were planted on the denuded surface, and on his presentation nearly one-half of the original raw surface had skinned over, while the grafts on the remaining unhealed parts were growing vigorously. Some of the grafts had been taken from a negro and they grew nicely, and for a time retained their original color, but finally became white. A little girl, seven years of age, with fibrous anchylosis of the elbow, the forearm being nearly at right angle, the result of a fracture of the lower end of the humerus, was presented. An anæsthetic having been administered, the arm was immediately straightened and retained so by a splint, and instructions given to commence passive motion after a few days. A man with a large fibroid tumor at the base of the neck presented himself. From its size and the depth of its attachment it was not considered advisable to use the knife for its removal, and electrolysis was resorted to. A zinc plate was inserted into an incision made in the tumor and connected by means of a copper wire with a silver plate fastened to the skin at its base. By applying acidulated compresses to the silver plate it is hoped to generate a current sufficient to induce sloughing in the tumor. Prof. Maclean has promised us a report of the progress of this case.

A visit to the hospital introduced us into one of the neatest, most cleanly, best ventilated and most convenient institutions of this nature we have ever seen. We were pleased to learn that the generosity of the Legislature has credit for all this. One division of the building is set apart for the illustration of Hahnemannic medicine and surgery. In passing through this division we noticed but one solitary patient, and it was our fortune shortly afterwards to hear from the miserable unfortunate a most dismal tale of woe. On our return from the wards of the regular department we noticed him in a group sitting around the stove and listening to a somewhat pointed lecture from the other patients for having kept them awake during the two previous nights. He, in reply, ventured the opinion that if any of his berators had been subjected to but half the treatment that was given him they could understand his screams and his appeals to his tormentors. He had a nasal polypus, and was recommended by his homœopathic attendant to apply to the homœopathic surgeon at the University for its removal. He was sent to the hospital and the operation on him was commenced, and, incredible as it may appear, though we have the victim's authority for the statement, it lasted for fifty-eight (58) hours! It was, at the end of that time, suspended, and, at our visit, the polypus still remained, a withering comment on homœopathic surgery. The screams of the unfortunate patient were sufficient to keep awake the patients in the female department of the hospital—a building separate and distant from that in which the scene was being enacted. Either the homœ-

opaths have been very unfortunate in their selection of the exponents of homœopathy as applied to surgery for that chair in the University, or there is something radically defective in the principle itself.

As a result of our visit, we must congratulate the regular faculty of the University on the favorable outlook for their department. It is evident that the sober second thought of the profession is asserting itself, and that this department will before long realize that the ordeal of opposition, vituperation, treason and calumny which it has passed through has been productive of good rather than evil.

J. J. M.

ORIGINAL ARTICLES.

ILLNESS AND AUTOPSY OF Dr. J. H. BEECH.

BY S. S. CUTTER, M. D.

John H. Beech was taken with a chill on Friday, October 11, 1878, which was soon followed by severe pleuritic pains over the lower portion of the left lung, and by fever. He suffered much from pain in the region mentioned during the night, and on the following day up to the time at which I first saw him, which was at 4 o'clock p.m., although he had taken remedies himself to lessen the pain and fever, it continued very decidedly.

At my first visit I found him suffering quite severely from pain in the region above mentioned, and with a pulse 120 per minute, and temperature 102½°.

The doctor had had several attacks of pleurisy during some twenty years previous, but which did not keep him from business more than a week at a time (generally less, or not at all), and he believed this to be of a similar nature to the previous attacks. During all these years he never had a physical examination of his lungs. He never had been subject to cough and expectoration, and there was very little of either at the time of my first visit, or during his last illness.

On the 13th a careful examination revealed a hepatized condition of the lower and posterior portion of the left lung, and evidence of considerable congestion beyond or above the hardened lung tissue. The right lung at this time was apparently free from disease. About noon of the 14th he became delirious, and continued so until the next morning. At all other times during his illness his mind was very clear.

On the fourth day of the disease the right lung became involved, and on the fifth the congestion and inflammation were so extensive that it became very evident he must soon succumb. His pulse was at all times at or above 120 per minute. The morning temperatures ranged from 99½° to 102°; and the evening temperatures ranged from 101½° to 103½°. The lowest temperature taken was in the morning of the day he died, when it was 99½°, and on this morning he complained of a sensation of fullness and pressure in the epigastrium; and there were unusual prominence and hardness there as shown by palpation and percussion, caused, very likely, by the formation of coagula in the heart and large blood vessels.

An examination of his urine, made on the fourth day, revealed albumen in proportion about one-sixth, and the urine quite heavily loaded with bile. No other abnormal conditions found. Sometime previous to his last illness the doctor stated to me he had examined his urine himself and found that it contained albumen, but he did not state to what extent. His alvine discharges during the last three days of his illness were *decidedly* clay colored.

He died at 7½ o'clock p.m., October 17, 1878, making the duration of the acute attack a little over six days. The mode of death was by asthenia, the result of heart clot, as verified by the autopsy. I stated before that the doctor's mind was very clear during most of his last illness, he being able to manage and transact important business as to his estate, and he was remarkably clear and explicit in these matters and in a great many minor details in his affairs. Indeed, the arrangement of his business, so that unsettled matters should be justly and properly arranged, and his wife clearly instructed in regard to the management of everything pertaining to what would be left in her charge after his demise, even to the minutest details, seemed to occupy all his attention and energies during the last two days of his life.

There is no man in the profession in this part of the State who would be more greatly missed than Dr. John H. Beech. The entire community feel that they have sustained an almost irreparable loss. His funeral was attended on Sunday, the 20th, by nearly the entire medical profession of Branch County and by several physicians from abroad, among whom were Dr. Kedzie, from Lansing; Drs. Cressy, Whelan, Evarts and Watkins, from Hillsdale; Drs. G. V. Voorhees and Wilder, from Indiana; and Dr. Hal C. Wyman, of Blissfield, Mich.; and by the largest concourse of citizens ever gathered on

a similar occasion in this place. The Masonic fraternity, who were represented by a very large attendance from this and neighboring towns, had charge of the funeral services.

AUTOPSY—BY DR. VOORHEES.

Autopsy eighteen hours after death—Rigor-mortis not well marked. Slight jaundiced condition of skin.

Pleura.—Organized firm adhesions of pleura over the whole surface of left lung. Slight and recent adhesions over lower lobe of right lung.

Lungs.—Lower lobe of left lung solidified, the lower portion of long duration and result of previous inflammatory process. At upper portion of left lung an exudation of pus was found. Upper lobe of left lung slightly congested. No evidence of tubercle. Lower lobe of right lung hepatized; middle lobe congested; upper lobe normal. No tubercle.

Heart.—Pericardium distended with serum—amount not determined—and adherent to pleura and diaphragm. Right cavities filled with firm coagula extending into superior and inferior vena-cava. Posterior wall of right auricle lined with a sheet of firm organized fibrin about two inches in length, an inch and a half in width and a line in thickness. Quite firmly attached to wall of auricle. Mitral valve thickened, with cartilaginous deposits. Weight of heart 11½ ounces.

Liver.—Weight, 3 pounds and 9 ounces. Upper portion of right lobe showing evidence of chronic inflammation.

Stomach.—The mucous membrane thickened to a considerable extent in the region of the pylorus.

Spleen and pancreas normal.

Kidneys.—Left kidney—Weight, 6 ounces; measurement, 5 inches in length.

Right kidney—Weight, 4⅞ ounces; measurement, 4 inches in length; cystic degeneration and contraction of upper fourth of kidney.

Brain, intestines and bladder not examined.

UNIVERSITY CLINIQUE.

TUMOUR OF THE LOWER JAW, THE SEAT OF VICARIOUS MENSTRUATION—REMOVAL OF ONE-HALF OF THE BONE, FOLLOWED BY RAPID RECOVERY. By DONALD MACLEAN, M.D., Professor of Surgery, University of Michigan.

At the first clinical lecture of the current session on October 2, two interesting and important cases were discussed and treated. The first was a large tumour, involving the bones of the leg and requiring amputation of the thigh. The other was the following case of tumour of the lower jaw, which also required and received operative treatment. (The former case will constitute the subject of a subsequent communication to the MICHIGAN MEDICAL NEWS.)

Miss E. C., æt. 16, from Assyria, Mich., was admitted to the University Hospital on September 15, 1878, on account of a tumour of the lower jaw, which extended from the symphysis to the ear on the left side. The tumour caused marked deformity of the face and extended into the mouth, pushing the tongue over towards the opposite side. The surface of the growth within the mouth presented the appearance of a fleshy mass, somewhat livid in color and very vascular. A linear scar from a former operation could be observed at the front and along the lower edge of the tumour. The patient appeared to be in good health in all other respects, but she informed us that she had menstruated through the tumour for two years and had never menstruated in any other way. She stated that the tumour was first noticed six years ago, when it was about the size of a hickory nut, and was situated about the centre of the alveolar margin of the jaw, *i. e.*, midway between the symphysis and the ramus.

She states that for four years the tumour grew very slowly, after which it began to increase rapidly. At that time iodine was applied externally, and, in patient's opinion, did "a little good." In the spring of 1877 she had a tooth extracted, after which she thinks the tumour diminished in size. Afterwards it began to increase again, and iodine failed to do any good, although freely used.

In September, 1877, Dr. Young, of Nashville, removed the outer plate of the bone on the affected side and scraped away all the diseased structure, but the disease soon began to return and has continued to increase steadily till now. On the 28th of each month the menstrual flow has commenced from the surface of the mass which projects into the mouth, and the quantity has varied from half a pint to a pint each time. The tumour has never been painful.

The length of time that the disease had lasted, the patient's excellent general health, the fact that the tumour was confined to one half of the bone, the absence of pain, all these facts induced me to recommend the operation of excision of the half of the jaw with the tumour and justified me in giving the patient a very hopeful prognosis. (About six years ago I performed a very similar operation here for a young girl of about the same age, and with the most satisfactory results. When heard of, a short time ago, that patient was

quite well and presented very slight traces of her operation.)

Chloroform having been administered, I made an incision from a little below the left ear along the base of the tumour to the centre of the lower lip and proceeded to dissect up the flap. At first the hæmorrhage, although not excessive, was very fine, and several quite important branches spouted. Suddenly *all hæmorrhage ceased* and the patient became deadly pale and appeared to be in danger of dying from syncope.

The operation was stopped for a few moments and active efforts were made to revive the patient. Cold water was sprinkled on the face, the feet were raised and the head lowered, and ammonia was administered by inhalation, and we very soon had the satisfaction of witnessing the disappearance of all the alarming symptoms. It was thought safer to employ ether during the remainder of the operation, and as the anæsthesia produced by the ether was less profound than that by the chloroform, the patient did not lie as quiet as was desirable. Still no return of the alarming symptoms occurred and no further trouble was met with during the operation. The coronoid process was expanded into a broad truncated cone, so that the division of the temporal muscle was more difficult than usual. Several large arteries required to be ligatured, but the internal maxillary was not wounded. One harelip suture was used for the lip and the remainder of the wound was closed by interrupted silk sutures. The contour of the face was preserved by filling the gap with lint. There was a good deal of shock, and the patient vomited coagulated blood, which had been swallowed during the operation.

On the evening of the operation the pulse was 160 and very weak, and the temperature 101½°.

Injections of brandy and hop tea were prescribed and had a good effect. Next day the pulse was 120 and stronger; temperature, 100°. From this time the case made good progress, and on October 9, just one week from the day of operation, she walked into the amphitheatre without assistance. The stitches had all been removed and the wound was almost entirely healed. October 16 she was dismissed, cured.

A careful examination of the structure of the tumour has been made, but the description of it must be deferred till a more convenient season, and at the same time we hope to be able to record the effect of the operation on the menstrual function.

A CASE OF STRANGULATED HERNIA—WITH INTERESTING FEATURES.

BY R. R. LAWRENCE, M. D.

On Sunday, September 8, I was called to see Thos. H., æt. 16 years, of Irish descent, who had been taken the previous day with a severe pain in the epigastric and inguinal regions while climbing a tree. I found him suffering the most intense pain, with frequent exacerbations, rapid pulse, nausea, and vomiting of stercoraceous matter, an incessant desire to drink, bowels constipated, etc. On examination there was revealed an oblique inguinal hernia, which had become scrotal and strangulated. Patient informed me that he had been attacked in a similar manner several times during the summer, though in a milder form. I attempted reduction by taxis, and failed; tried the usual routine of auxiliaries in combination with this method, with a like result. On Monday, the 9th, I deemed an operation the only alternative, and upon informing the friends of this, I was told (for the first) that he had been operated on about eight years ago for hydrocele.

Upon entering the sac I found a hernia of long standing, as the adhesions were quite firm. The end of the loop of intestine had grown fast to the epididymis, and throughout the whole extent of the canal several tough fibrous bands were found. I relieved the stricture, which was at the internal ring, separated the intestine from the testicle, severed the adventitious bands, and, as the strangulated part was in a favorable condition, it was allowed to recede to the internal ring, where it entered the abdomen without further trouble. In a short time there was a very fair evacuation from the bowels, and with this disappeared all the hernial symptoms. Suppurative parotiditis occurred, which retarded convalescence for a time, though at present the patient is comparatively well. Now, it is my opinion the commencement of this trouble dated back to the time he was operated on for hydrocele (an error in diagnosis). This case appears to be of unusual interest, from the fact that the intestine was reduced after so long a time and the subsequent inflammation of the parotid gland aids in confirming the fact of a sympathetic relation existing between this gland and the testicle.

Watervliet, Mich.

MISCELLANY.

CHOREA A SELF-LIMITED DISEASE.—Prof. See, of Paris, gives it as his opinion that chorea cures itself; or, in other words, is a self-limited disease, and that the various modes of treatment which are resorted to exert little influence in its duration.

CHLORAMYL.—Dr. Geo. E. Sanford, in a communication to the *Medical Record*, recommends the addition of nitrite of amyl to chloroform when this is given as an anæsthetic. Nitrate of amyl has been recommended as an antidote to chloroform in cases of poisoning, and Dr. Sanford suggests the admixture of the two drugs for the procuring of anæsthesia. He has coined the name chloramyl for the compound. He has tried it, and found it to act nicely. He adds two drachms of the nitrite of amyl to a pound of chloroform. He reports that other physicians have tried the mixture, with satisfactory results. The combination would seem, at first sight, to be a good one, and we should like to hear of its being tried by our readers.

AN OBSCURE CASE.—The following communication, received by a wholesale druggist of this city, has been handed us. We regret our inability to administer to the sufferer's relief, but publish his letter, *verbatim et literatim*, both as a literary curiosity, and with a hope that some reader may be able to suggest the remedy requested:

"IOWA CITY Iowa the 12 October 1878.

"*Mastr* ——— ———,

Manufacturing Chemist Detroit Michigan

"DEAR SIR! Sint Boy's Years am traubled wit Sickened State of Health caused i ges by Onariss in sooner age, later trinking to much Stimulant Eating row foat imperfect Living in generally and taking to much Cathartic for Constipation etc. Sint about 8 Years after i did have loosed by all these maladies my right Arm in the war and bevar the Sight of the left Eye, commenced Bluding by Stool periodical but very troublesome, had not more so much Souffering about Constipation but more Trouble by the Stomack, wich all Time atrophy sensation like dont give the Tood by him self. Depression of Breast and Head, yet the most bad Feeling by the lower Part of Bowels of Spine and inside by the anus in rear of the Bladder. Ill Fierce cramps Bewaring and a Kind of Wind Colik. Sint there i took very much to much Queck Medicin, somm year for 50,–60 dollar Drs Jayne Philadelphia, Dr Swayne's Helmbold Buchu, Dr Babbits New York S Rovill Medicin Paris Killers Pills of all Kind God Liver Oil, Ponds Extract, Injection Ointment Suppositiories Powders Mineral and Vegetables and Water, but without favoribald success. I am here sint ½ year bevor living most in Peensylvanier. Feeling now most a little stronger, but the same Trouble. No Piles i ges, no Hemarraiths, Doctors said may by i have a Fessure by the Anus high up, mi Age is 48 Years If *you have a Remedien certain and sure for that* (by change of Wetter or taking cold Trouble is increased *can not git the coldness* out of the Body, Blood is not strong enough innehout the System, I dont drink Cafe Thee Milk or wein Honey Beer dont eat much more than meal Soup, much Potatos Bread Craker some time Baeuf Stewed) Please let knawing miself the Price cheapest

"respectfully frederick Boethe Iowa
City Iowa for call"

THE METRIC SYSTEM.—If the metric system is not adopted by the profession of this country, the fault will not lie with Edward Wigglesworth, M. D. This gentleman has been unremitting in his efforts, for some time past, to convince the American people, and more particularly the physicians, of the benefits which would accrue from the general adoption of this system. We are sorry to see these laudable efforts regarded with so little favor in some quarters. Some medical journals, even, are disposed to kick against the inevitable—for certainly the final general adoption of the metric system is inevitable. Among these journals is the Ohio *Medical Recorder*. Of course it has too much sense and discretion to institute an open warfare, but it does not hesitate to damn with faint praise. It instances alleged errors in the MICHIGAN MEDICAL NEWS (which its good judgment tells it "is a tip-top little journal") as illustrative of the dangers which are liable to follow an adoption of the system. The errors consists in translations from the old system into the new. We have only to offer, in explanation, that we endeavor, as nearly as may be, to make the metric equivalent to a multiple of 10 or 5; and this we do not attempt when the nature of the medicine is such as would not bear the slight modification of dose which the attempt may render necessary. Doses are at best very relative, and the errors which our astute contemporary has discovered will be found of no practical importance. The time will come when our text books will deal exclusively in the metric system, and when our conception of doses will be found in that system. Then will the only possible objection to it have disappeared. The Ohio *Medical Recorder, et id genus omne*,

will show their wisdom by preparing themselves against that time.

Dr. Wigglesworth, in a circular before us, gives moral, intellectual, social, philosophical and professional reasons for the adoption of the system. The professional reasons, in which we are more directly interested, are as follows:

"Because this system most nearly approximates to a perfect one, embodying, as it does, the most careful and delicate work of the International Metric Commission, composed of scientific men from all countries; because it is *international;* and medicine is as cosmopolitan as human nature itself.

"Because of its great *convenience* in writing and compounding prescriptions, in dividing doses and in computing quantities required during given times. Because of its *safety*, due to its *uniformity* and *simplicity*. It may be learned in five minutes. In complexity there is always danger, and the resemblance of the signs of the scruple, drachm and ounce has more than once proved fatal to human life. The metric system dispenses with the signs of the quantities, employs Arabic figures instead of Roman numerals, and assures the physician of more competent service, because from more educated pharmacists, such being always the first to adopt it. It is decimal, and a perpendicular line, instead of the decimal points, obviates any possibility of error from this source. It is allied to the change already made by Americans from pounds, shillings and pence to dollars and cents.

"Because of its *delicacy* and *accuracy* for the chemist and the pharmacist, and here the beauty of the system is especially apparent, for it provides denominations of weights applicable to the smallest quantity which the physician can prescribe, the old grain being by far too large and coarse a unit for modern medicine.

"Moreover, the English and American graduates are both in use in this country, and yet are not alike. There is a difference of eighteen grains in the weights of their fluid-ounces. Then, too, if *f* is omitted before the ounce symbol, either the graduate or the troy ounce may be used.

"Finally, because it deals preferably with weights alone, *while admitting the use*, if desired, *of both weights and measures, as at present.*"

GYNAIA—ITS SYMPTOMS AND TREATMENT. —A distinguished German homœopath has recently published a monograph with the above title. It may be necessary for us to explain that Gynaia is the name given for a condition which causes certain men to be called effeminate. The patient is timid, excitable, averse to tobacco and dogs, and, though apparently without much energy, is, nevertheless, wonderfully persistent in clinging to his own views and compelling other men to yield to his wishes and whims. "Gynaia," remarks the author, "may be briefly defined as the simulated existence of feminine moral qualities in the person of a man." Being a firm believer in the universality of the law, *similia similibus curantur*, Dr. Steinerkopf, the author referred to, who is also a high dilutionist, the remedy for this deplorable condition of effeminacy very naturally suggested itself. Extremely attenuated doses of woman must be the remedy, but how was the article to be procured in proper form for administration? Fortunately, a would-be sarcastic sentence contained in one of the medical journals of the old school furnished Dr. Steinerkopf with an invaluable hint. The journal in question said of the fiftieth dilution of *lachesis:* "This dilution is equal to one drop of the tincture of the alleged drug diluted with the whole Atlantic Ocean." Reading these words, Dr. Steinerkopf at once saw his way. The Atlantic Ocean was what he needed. Could he dilute the whole Atlantic he would have a dilution at least as high as the fiftieth of any other drug, and, probably, quite as efficacious. No sooner had this brilliant idea flashed across the Doctor's brain than he filled his pockets with phials and started for the nearest watering-place. Day after day he was observed walking on the beech with an anxious air of expectation. It was not for several days that he was able to find what he sought, a girl bathing alone and enjoying the monopoly of the ocean. Tremulously seizing his watch in one hand and a glass vase in another, he waited for ten minutes to elapse, and then rushing into the surf, regardless of his shoes and trousers, he scooped up a gallon of water and bore it triumphantly to his lodgings. He had now the required high dilution of girl, but it was combined with other undesirable elements. He therefore removed with great care the sodium, iodine, magnesia, orange peel, old boots and other chemical substances which are found in sea-water. Thus, after much labor, he prepared a chemically pure remedy, which he bottled and labeled "*Puella Domestica 50th.*" He had his remedy at last, and it only remained to try its efficacy. Following the example of the devoted Hahnemann, he proceeded to prove the new drug upon himself. A large part of his monograph—which, by the way, ought to be translated and republished here without

delay—is occupied with these drug-provings, and they are wonderfully interesting. Four doses, taken at intervals of six hours, produced in the doctor's mind a vague longing to wear bonnets, and an unconquerable tendency to sit with one foot doubled under him. Two doses taken at an interval of eight hours produced a distinct desire for cats, an abnormal interest in the clothing of casual ladies who passed under the doctor's window, a profound reverence for the clergy, and dread lest an ancient horse-pistol, which had hung for thirty years unloaded in the doctor's office, should "go off" and kill somebody. There is no room for doubt in the mind of Dr. Steinerkopf that, could he have taken little enough of this remedy, it would have transformed him, morally and mentally, into the exact image of the typical woman. The new drug was subsequently used by its distinguished discoverer in his practice, and produced the most miraculous cures of the confirmed cases of gynaia. In fact, there are few drugs in the whole homœopathic *materia medica* which have so uniformly produced such astonishing cures, and that it is a true specific for gynaia, no matter how long and how obstinately the disease may have existed in a chronic form, is nearly certain. It should be added that the doctor asserts that no harm can result to healthy persons from bathing at watering places, since it is only at exceptional moments there is a sufficiently small quantity of girl in the Atlantic to form a dilution high enough to possess any medicinal virtue.

PARAGRAPHS.

Rokitansky, recently deceased, had performed no less than 30,000 *autopsies!*

The last words of Velpeau: "*Il faut toujours travailler, mes amis.*" (My friends, we must ever be working.)

The *London Lancet* declines to notice a medical Association "while the name of a female member is retained on the list."

"Give me the names of the bones of the cranium." "Ive got 'em all in my head, professor, but I can't give them."

Jones, whose forearm was amputated at the hospital, speaks in high praise of that institution, though he says he never shall forget their off-hand treatment of him.

Paper saturated successively with a solution of ammonium sulphate, magnesium sulphate and borax, or with a solution of magnesium borate, is said to be incombustible.

One grain of quinine rubbed up with four grains of sugar of milk and one-tenth grain of bicarbonate of soda, is said to make a powder free from bitter taste.

Carbolic acid applied to the cervix uteri is just as efficacious in the sickness of pregnancy as the stronger caustics, and is less liable to injure the organ in question.

Liquor bismuthi and water, equal parts, applied freely three or four times a day, by means of a spray producer, to the nostrils, pharynx and naso-pharyngeal cavity, is said to be an efficient remedy for nasal catarrh.

We are in receipt of a circular from an enterprising undertaker of this city, soliciting our patronage and influence. Only evil-minded people and jokers will smile at this. Business is business.

Our co-editor, Prof. E. S. Dunster, of Ann Arbor, was stricken suddenly with convulsions last Friday evening. For a while the symptoms were very grave and danger seemed imminent. He is now, however, fast improving.

The discovery by M. Delbœuf that, when a person afflicted with color-blindness looks through a layer of fuchsine in solution, his infirmity disappears, has been utilized in the manufacture of spectacles. A thin layer of gelatine, tinted with fuchsine, is interposed between two glasses.

According to the *Lyons Medicale* there were in France, in 1876, fourteen thousand three hundred and twenty-six practitioners of medicine—two thousand less than in the year 1866. French doctors who are starving in America may be encouraged, from this statement, to return to *la belle* France. A few such could be spared.

During the late Russo-Turkish war, 692 surgeons, 1,915 assistants, 48 apothecaries and 30 veterinary surgeons were reported sick. Of these, 94 surgeons, 217 assistants, 5 apothecaries aud 5 veterinary surgeons died. Two surgeons and 28 assistants were wounded, and 13 assistants killed.

In the paragraph in our last issue referring to the assistant to the chair of homœopathic surgery in the University of Michigan, "Boardman" should read "Bodemann," the latter being the correct patronymic of the caudal attachment referred to. We humbly beg the pardon of the whole house of Boardman for the unwitting insult.

An aged forester has published the following in a Leipsig journal: "I do not wish to carry to my grave my much-proved cure for the bites of mad dogs, but will publish the same as the last service which I can offer to

the world: Wash the wound perfectly with wine vinegar and tepid water; then dry it. Afterward pour into the wound a few drops of muriatic acid, for mineral acids destroy the poison of the dog's saliva."

Last Thursday evening the newly elected President of the Wayne County Medical Society, Dr. Brodie, and his wife, tendered a reception to the members of the Society and other invited guests, medical gentlemen of the city. Medical topics and things were discussed in a minor measure and key, but the gastronomic ones were put to the practical test of immediate usage. As a process of the survival of the fittest, it was decidedly anti-Darwinian. *Vive le President.*

Unable longer to withstand the pressure, the little "big 'I' man," the heavy editorial fulminator of the Detroit *Lancet*, has opened his mouth. The fact is significant, not so much on account of what dropped from the orifice, as from the evidence it affords that our antiquated contemporary is not yet wholly fossilized. He accuses "a certain managing editor" of throwing mud at him, the little "big 'I' man" does. Now, the fact is we never did any such thing. Cause why? We were desirous of showing up the curiosity by contrast, and, in order to bring it out in bold relief, we found it necessary to apply to it the most *cleanly* phrases. Mud would have been useless for our purpose; it would have become invisible the moment it struck. When you open your mouth again, Sawny, be careful not to put your foot in it.

SELECTIONS.

THE SUCCESSFUL TREATMENT OF THE OPIUM HABIT.—In an article in the *Virginia Medical Monthly*, Dr. Ed. F. Mann writes:

The opium habit will yield to proper treatment, and can be thoroughly eradicated if the patient will put himself under the necessary control, and desires a cure himself; but even with the best of medical treatment, the *medicina temporis* alluded to by Cicero is an important element in the cure of the opium habit. By a slow reductionary course of treatment—the dose of opium being diminished gradually—thus avoiding much suffering and nervous prostration, and as a substitutional stimulant, and sedative to the nervous system, the daily use of *electricity*, in the writer's hands, has proved, and is at the present time proving, in one of the most intractable cases, a sure and efficient means of stimulating the central nervous system, and also invigorating it, so that the withdrawal of the opium is attended with very little suffering to the patient. Not only does the stimulating and tonic properties of electricity take the place, to the nervous system, of the opium, but it directly diminishes the appetite for it, in the same manner as it does of alcoholic inebriety, where our patients have repeatedly told us that they no longer felt the craving for the alcoholic stimulus.

The patient just referred to as a difficult case for treatment has been in the habit of taking opium for *thirty-five years*, until *two hundred* grains were taken daily, together with two hundred and forty grains of chloral. This patient was admitted, on the verge of insanity, with defective memory, staggering gait, defective articulation, complete loss of muscular power and maniacal excitement. He had delusions of fear and persecution, and was suspicious of all about him, and the whole condition of the nervous system was pitiable in the extreme. After the first day the chloral was entirely withdrawn, and nerve tonics, together with strong beef tea and milk, alternated at short intervals, were given. The stomach soon became quiet, and the systematic use of electricity was at once commenced. The induced Faradic current was applied to the central nervous system, applications being made to the brain, spinal cord and sympathetic nerve. To quiet the cerebral excitement, the constant or galvanic current was applied for three or four minutes to the bi-temporal region, with the most gratifying results—the patient becoming quiet, and a distinctly sedative action was at once obtained. A very weak current only is admissible to the bi-temporal region; four cells of a freshly charged battery being amply sufficient to induce the desired quieting effects. The citrate of caffeine in two grain doses has also a decidedly counteractive influence to the effects induced by opium, and is a valuable adjunct to treatment.

TREATMENT OF GLEET.—I want of course to restore the calibre of the urethra at the points of stricture, *i. e.*, to bring up the calibre of these points to forty. How am I to do it? It is hard to cure gleet. The mucous membrane of the urethra is extremely vascular, and when inflamed, as in gleet, presents the same appearance as does an inflamed cornea. The granular condition of the mucous membrane, in a great many cases of granular urethritis, is just that of the conjunctiva in granular conjunctivitis. It has a raspberry appearance.

I am employing the endoscope to see if I can discover a granulating patch at the site of the first stricture, but I find that it gives me no assistance.

I want for a moment, before proceeding to speak of treatment, to explore the lacuna magna in the upper wall of the urethra, just within the meatus, with a probe, so as to assure myself that there is no retention of the gleety discharge in that cul-de-sac. But I find, upon careful examination, that the lacuna magna is entirely normal and contains no fluid.

Internal remedies are of little or no value in gleet. Of course, where the system is very greatly run down, it is well to put the patient upon some such preparation as the citrate of iron and quinia in ten grain doses, or twenty drops of the tincture of the chloride of iron, two or three times a day, with two grains of quinia. If, on the other hand, the patient is plethoric, he should be given some saline and an antimonial mixture.

In treating the local symptoms, it is useless to give the patient a syringe and let him use it himself, for the injection employed must be applied directly to the diseased spots, if any benefit is to be derived from it, and no one can so apply it but the educated surgeon. Moreover, such a kind of application should be made with a special form of instrument, so that it may reach the diseased surface, and it only. There are a vast number of syringes, etc., which have been designed for this purpose.

Some years ago I was accustomed to apply stramonium ointment and the nitrate of silver directly to the parts by means of one or other of these inventions. The application would, of course, cause some local irritation. The patient would be dieted and sent to bed, and some demulcent drink, such as flaxseed or slippery-elm tea, be administered. In other cases, again, I used the bulbed syringe, in which, after just passing the site of the stricture, the stream is projected backward. I have very often medicated strictures, by means of this instrument, with a strong solution of nitrate of silver, or with a mixture of cerate of opium and Goulard's extract.

Of late months I have undergone a change of opinion in the matter of the treatment of gleet. I now think that there is nothing in the world so good as the introduction of nickel-plated conical bougies and the simple overstretching of the inflamed parts.

Before proceeding to use an instrument of this sort, however, it is necessary in all cases to measure the normal calibre of the rest of the urethra, so that you may be guided in the selection of a bougie of the proper size.—S. W. Gross, M. D., in *Medical Record.*

THE TREATMENT OF POST-PARTUM HEMORRHAGE.—This was the title of a paper read by Dr. R. A. F. Penrose, of Philadelphia, at the late meeting of the American Gynæcological Society.

After making some remarks regarding the appalling character of post-partum hemorrhage, the necessity for instant and efficient treatment, Dr. Penrose passed to the consideration of the causes of this most alarming complication. The great cause was set down as uterine inertia, yet there were many other causes, such as partial attachment of the placenta, diseases of the uterus, etc., which must be appreciated in order to apply proper remedies. The most painful predisposing cause was a peculiar idiosyncrasy of the woman, giving rise to a peculiar flaccidity of the uterus. The design of the paper was to study the relative value of certain remedies to be employed in the curative treatment of this form of hemorrhage.

The relative value of friction, application of cold and heat, electricity, exciting reflex contraction by acting upon distant organs, etc., etc., was duly appreciated by all, and they were passed without extended comment. With reference to treatment of this form of hemorrhage, when it depended upon uterine inertia, what was desirable was a remedy which could be easily obtained under all circumstances, one which admitted of application in the simplest manner, and at the same time a remedy, the use of which would not be followed by injurious consequences. The actual cautery was an effectual remedy, and so was the injection of persalts of iron into the cavity of the uterus, but unfortunately they were exceedingly liable to produce disastrous results, or they might not be at hand. The same was true of other remedies which had been employed. The remedy of which Dr. Penrose made special mention for the arrest of post-partum hemorrhage was *common vinegar.* Since 1854 he had used it with invariable success. The advantages claimed for it were:

1. That it could be readily obtained.
2. That it could be easily applied, and without special apparatus.
3. That it always cured the hemorrhage, or rather, it had not failed in his practice.
4. That it was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.
5. That it was an admirable antiseptic.
6. That it acted upon the lining membrane of the uterus as an astringent.

Dr. Penrose used this remedy in the following manner: Saturate a rag with vinegar,

carry it into the cavity of the uterus, and squeeze it. In the vast majority of cases the hemorrhage ceased as by magic when the vinegar passed over the surface of the uterus and the vagina. He believed that the salts of iron should seldom or never be used, but in a case, which was supposable, in which the vinegar failed he would then resort to that remedy.—*Medical Record.*

TREATMENT OF ERYSIPELAS BY HYPODERMIC INJECTIONS OF CARBOLIC ACID.—At the surgical clinic in Greifswald, subcutaneous injections of carbolic acid in traumatic erysipelas have been in use during the past year. In order to get along with the least quantity of the drug, great care is taken to attack the disease in the beginning. After every febrile attack in cases of wounds, the parts are kept under observation, and within some hours the diagnosis of erysipelas is usually established by a reddening of the edges of the wound. The wound is now thoroughly cleansed with carbolic acid, or, if the appearance is unfavorable, with a five to eight per cent. solution of chloride of zinc. The solution used for hypodermic injections consists of carbolic acid and alcohol, ana 1.5, water 50 grammes. One syringeful (1 C. C.) of this fluid diffuses itself under the skin, to the extent of about one-half the size of an ordinary card. For repeated injections the needle may be left in place, since the solution spreads very easily. While ordinarily three to eight C. C. have sufficed, Hueter has injected as much as twelve syringefuls without accident. By surrounding the entire border of the erysipelatous patch with a ring of fluid in the subcutaneous tissue, a further progress of the disease is at once checked. If the patch is large a second series of injections within its borders may be necessary, whereupon a speedy return to the normal pallor of the skin shows the disappearance of the disease. No better test of the efficacy of this method could be desired than the repeated observation that, where the points of injection were too far apart, the erysipelatous inflammation continued to extend, in a peninsular shape, between the protected portions.

Where red, hard cords indicate the existence of a lymphangitis, a thorough application of mercurial ointment along their tracks was found most serviceable. For internal treatment there is rarely any call for this method.—*Allg. Med. Central Zeit.*—*Chicago Medical Journal.*

CHLORAL ANÆSTHESIA IN CHILDREN.—The following is borrowed from the *Paris Medical* of August 20th. M. Bouchut has administered chloral to more than ten thousand patients without having to register a single untoward effect. The physician to the Hospital for Children has arrived at the following conclusions, which may serve to guide physicians in practice:

The hydrate of chloral is better borne by children than in adults.

Chloral may be administered to children a long time without danger. (Some children affected with chorea have taken as high as 100 to 120 grammes of chloral in a month.)

According to the age, 1, 2 or 3 grammes and more, administered by the stomach, produce a complete anæsthesia, which lasts from three to six hours. Under seven years, the dose should not exceed 3 grammes, and between two and five years, 2 grammes should be the limit.

It is given at one dose, dissolved in 100 grammes of syrup.

Given by injection or suppository, it produces the same effect as in the stomach.

This anæsthesia, which can be produced so easily in children with chloral (complete one hour after administration), can be utilized in extracting teeth, opening abscesses, breaking up ankyloses, using caustics, thoracentesis and a certain number of surgical operations. —*Lyons Medical.*—*Cincinnati Lancet and Clinic.*

PERFUMED IODOFORM.—Mr. G. N. Keyworth, at the Dublin Pharmaceutical Convention, described a method of preparing a perfumed iodoform. Since the recent publication, in the *British Medical Journal*, of the papers (by Mr. Berkeley Hill and others) on the therapeutical use of iodoform, this drug has come into considerably increased use. Its somewhat pungent, volatile and unpleasant odor has proved to be an obstacle which some have endeavored to overcome by the use of collodion film; others by the combination of tannin. Mr. Keyworth's perfumed solution is prepared by shaking tincture of iodine, with a fragment of fused potash, until the color is removed, and covering the odor of the iodoform produced by the addition of eau de cologne or lavender water. The author also speaks of lint that has been dipped in this liquid, and afterwards dried, as a very good application to indolent sores. —*New Remedies.*

PICRATE OF AMMONIUM IN WHOOPING COUGH.—Dr. Z. T. Dellenbaugh, having made use of picrate of ammonium as a remedy for whooping cough, reports, in the *Medical Times*, that he has had ten or twelve additional cases, some of which were cured in

from twenty-four to seventy-two hours, and he believes the remedy to be a specific for this affection. He gives to babies one-sixteenth to one-twelfth of a grain; to children, one-twelfth to one-eighth of a grain every three hours. He has used it, also, in one case of diphtheria, in the form of a gargle, in the strength of eight grains to the pint, and by atomization. The picrate causes such a yellowish staining of the parts that he is inclined to think the cure dependent upon a destruction of the micrococci.

Poultices.—The common practice of making poultices by mixing linseed meal with hot water, and applying them directly to the skin, is quite wrong, because, if we do not wish to burn the patient, we must wait until a great portion of the heat has been lost. The proper method is to take a flannel bag (the size of the poultice required), to fill this with the linseed meal, as hot as it can possibly be made, and to put between this and the skin a second piece of flannel, so that there shall be at least two thicknesses of flannel between the skin and the poultice itself. Above the poultice should be placed more flannel, or a piece of cotton wool. to prevent it from getting cold. By this method we are able to apply the linseed meal boiling hot, without burning the patient, and the heat, gradually diffusing through the flannel, affords a grateful sense of relief, which cannot be obtained by other means. There are few ways in which such marked relief is given to abdominal pain as by the application of a poultice in this manner.—*T. Lauder Brunton, in Brain.*

Pessaries.—In regard to the use of pessaries: If, on making conjoined manipulation, or passing the uterine probe, the fundus does not remain in position after an instrument of this kind has been introduced, take it out at once; and if you cannot get the fundus into its proper place, then do not put in any pessary at all. At the end of forty-eight hours, or, at all events, within a very few days after the introduction of a pessary, you should always make an examination, and if you find that it is not holding the uterus up in good position, you should remove it and put in another. If you cannot find one that will do this properly, it is a great deal better that the patient should be left without any instrument whatever in her vagina.—T. G. Thomas, *Med. and Surg. Reporter.*

Artificial Chyle—Dr. T. P. Satterwhite, of Louisville, has lately treated several cases of debility, in which the patients were unable to retain anything in the stomach, by digesting the food for them out of the stomach. Pepsin having been administered in vain internally, was used to digest the food mixed in an appropriate manner with acidulated water and in a suitable vessel. This artificial chyle was then given with the result of restoring the patient's health. As pepsin is usually made from the gastric membrane of the hog, it is quite possible in this manner to make a pig digest a rasher of his own bacon for an invalid. *American Med. Bi-Weekly.*

Curare in Epilepsy.—"In the opinion of Kunze," says the *Medical Press and Circular*, we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of the drug in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about one week he injects, hypodermically, eight drops of this solution, and, in cases in which convulsions had occurred for several years, he obtained a complete cure after eight or ten injections.—*Boston Med. and Surg. Journal.*

FORMULARY.

Powder for Sweating Feet.

The following is recommended by Hager:

Salicylic acid	25	parts
Alum	50	"
Wheat Starch	200	"
Oil of bergamot	100	"
Alcohol	50	"
Mix well and add Venetian talc	700	"

—*New Remedies.*

In Chronic Rheumatism—

Dr. Fothergill recommends the following:

℞.	Acidi arsenici grs. iij	(	20)
	Pulv. guaiaci ʒ iij	(12	00)
	Pulv. capsici ʒ ss	(2	00)
	Pil. aloes et myrrhæ ʒ iij	(12	00)

Mix. Div. in pills No. cxx.

Sig.—One pill twice a day.

For Hæmoptysis.

℞.	Tr. digitalis ʒ jss	(6	00)
	Ol. terebinth. ʒ iij	(12	00)
	Ol. menth. pip. gtt. x	(	45)
	Acidi sulph. arom. ʒ iij	(12	00)
	Alcoholis qs. ad. ℥ij	(64	00)

Mix. Dose—40 to 60 drops, well mixed with sugar, to which one or more tablespoonfuls of water may be added.

For Watery Diarrhœa of Children.

℞.	Tr. polygon. ʒ j	(4	00)
	Tr. rhei co.		
	Tr. zingiberis ää ʒ jv	(16	00)
	Tr. camphor ʒ ij	(8	00)
	Syr. anisi ʒ vj	(24	00)
	Sodæ bicarb. ʒ j	(4	00)

Mix. Sig.—From half to a teaspoonful, *pro re nata.—American Med. Bi-Weekly.*

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, NOVEMBER 25, 1878. No. 21

ORIGINAL ARTICLES.

CALENDULA OFFICINALIS — AS A LOCAL REMEDY AFTER SURGICAL OPERATIONS AND IN LACERATED WOUNDS.

BY G. H. CHAPMAN, M. D.

The flowers of the common garden marigold, Calendula Officinalis, in moderately fine powder, treated by percolation with diluted alcohol, secundum artem, yields a tincture which, as a local remedy, according to my experience in minor surgery, and all lacerated or contused wounds, is far superior to any other application, seeming to possess anodyne, antiseptic and curative properties which are obtained by no other single remedy.

My usual method is to saturate the common surgeon's lint with a solution of calendula Tr. 1 part, distilled water 2 parts, and apply to the wound as in ordinary dressings, then squeeze the solution from a sponge upon the dressing sufficiently often to keep it saturated. This will effectually control pain, suppuration and inflammation, provided of course the wound has been previously cleansed of all foreign substances and properly adjusted. If the lint becomes dry the patient is at once warned of the fact, by the commencing pain, which will continue to increase till the lint is again saturated, when it will cease immediately.

As a general rule, the swelling will never extend beyond the first or second joint from the seat of the injury, and that in a moderate degree, e. g., if the injury is in the fingers, the hand will not swell, if in the hand, the fingers and wrist are free from swelling, if in the forearm, the swelling is confined to forearm, etc.

Illustrating the point, I will cite one or two cases.

Case 1—Injury to thumb and fingers from cog-wheels, the whole of the palmar surface of the thumb from the tip of the nail to the middle of the first phalanx was crushed, torn off without however denuding the bone of periosteum. The second and third fingers were also crushed, so that a portion of the articulating end of the terminal phalanx was removed from each finger while dressing. The fingers were dressed on splints and the calendula used as above indicated. The same dressing was applied to the thumb and the patient reminded that success in its treatment depended on the faithfulness with which it was followed on his part.

The fingers healed in two weeks with no impairment of motion in the joints, and in eight weeks the thumb had so far recovered as to allow the patient to pursue his ordinary occupation (carpenter) with no inconvenience, and wearing no dressing except a cot.

During the treatment several different remedies were tried to relieve the necessity of constantly wetting the dressing, but, in each instance, the patient would complain of pain in the hand and arm, and suppuration would commence; these symptoms would immedidiately subside when the calendula was reapplied.

Case II.—A man weighing 150lbs. was filing an upright mill-saw in the mill loft when the board on which he stood gave way and he fell so that one of the saw teeth entered about the middle of the forearm between the radius and ulna, sustaining his weight 'till the mill hands rushed to his assistance and lifted him from his painful situation.

The wound was of a ragged, irregular shape about six inches long; the radial artery, anterior interosseous artery and nerve, were exposed to view, though all were intact. The wound was cleansed with Tr. calendula 1 part, water 3 parts, stitches carefully adjusted, and dressed with lint and calendula as above directed. It healed kindly by first intention, and there was no pain or swelling after the first twenty-four hours.

I have used it in a similar manner in amputations, removal of tumors, etc., with equally good results. After confinement, where there is any laceration of tissues, it forms an excellent injection, using Tr. calendula 1 part, distilled water 3 parts.

GRAND CROSSING, Ill.

THE THERAPEUSIS OF DIPHTHERITIS.

BY J. H. NOWLIN, M. D.

The article in your journal of the 25th inst. (No. 19, Vol. I.) on "Diphtheria and its Treatment," by H. A. Eberle, M. D., was read with much interest by me. His successful treatment of that fearful malady indicates

clearly, to my mind, that success is not confined, necessarily, to any one set of remedies or mode of administration, Only one death in thirteen cases of apparently a malignant grade is certainly a very great improvement upon the results of the ordinary routine practice recommended in books, and practiced by a large number of the profession.

Before giving the treatment which I have found entirely satisfactory for about sixteen or seventeen years, in hundreds of cases, I must premise that I regard diphtheria as originally and essentially the result of a specific blood poison, of unknown origin, except when propagated by contagion. I have seen death result after all trace of cryptogamic deposits had disappeared, and no obstruction existed in the air tubes, from extreme exhaustion, or destruction of the vital forces.

With these facts occurring under my own clinical observations in 1861 or 1862, I became convinced of the essential zymotic character of the disease, and thenceforth based my treatment upon that view. The idea is well expressed in Dunglison's Med. Dictionary (edition 1874, article, Pharyngitis Diphtheritic), as follows:

'When diphtheria is spoken of, it is usually this affection that is meant, although the local phenomena are rather *expressions* of the *peculiar adynamic* condition [italics mine], termed diphtheritic, which may *destroy* without much or *any* evidence of the pharyngeal affection. It is this *adynamic* condition which demands the main attention—the pharyngeal exudation requiring but little."

From 1844, when I first became acquainted with the disease personally and practically, till 1861 or '62, my recollection does not now furnish me with a single really severe attack which I treated successfully by addressing my remedies mainly, as was the fashion of the day, to the local manifestations; and, from the time I adopted the blood poison theory, and conformed my practice to that theory, to the present writing, not a *single patient* have I lost, when employed early in the case, and my treatment promptly and rigidly enforced. I, therefore, consider my remedies as nearly *specific* for the disease under consideration as quinine is for intermittent fever.

Fear of excessive stimulation has sometimes deterred some from pursuing my plan, but, when the trial is once made, that fear vanishes forever.

The following is my remedy, original both as to material and manner of use:

℞. Alcohol, 95 per cent..... ℥ xij
Spir. ammon., aromat.
Spir. lav., comp.....āā ℥ ij

M. Sig.: From one teaspoonful (for infants up to 6 or 8 months old), to two tablespoonfuls (for adults), proportioned according to age, &c., in sweet milk or water (the former preferable), every four, three, two or one hour, night as well as day, acccording to the severity of the attack, and threatening aspect of the symptoms, should be unremittingly given till evident improvement is seen.

Often, in ten or twelve hours after this treatment is commenced, marked amelioration is perceived, and even sooner felt and expressed by those capable of making the facts known. As the disease declines, the remedy may be used more moderately, but should not be discontinued in a shorter time than ten or twelve days after apparent recovery. By observing this precaution, the paralytic phenomena so common during convalescence will be entirely obviated; or, if they occur after treatment is discontinued, its resumption, in full and frequent doses, will soon relieve them.

As a detergent, gargle or wash, for local use, I use the following, every three or four hours, to remove the exudation or deposit as it becomes too severe under the influence of the constitutional remedy (and this effect will be seen very soon), and thereby prevent absorption of the poison germs, if such exist:

℞. Sat. sol. potassium chlorate..... ℥ jv
Acid tannic..... ʒ j or ʒ ij
Mix.

Occasionally I use a mop, even in infantile cases, and have never seen the least evil result therefrom. The offensive matter being removed more rapidly by the mop, saturated with the local remedy, than by its use as a gargle.

The remedies prescribed thus far indicate the most nourishing articles of food, taken in the most digestible forms, and as freely as the patient can be induced to take them. Sweet milk, soft cooked eggs, rich soups, meat extracts, &c., as the dietetic part of the treatment.

Little Rock, Ark., October 31, 1878.

LUMBRICOIDES DISCHARGED THROUGH OPENING OF LUMBAR ABSCESS.

By C. F. TITUS, M. D.

The following statement, written by the patient himself, George M. Alway, of Joplin, Mo., is one which I can corroborate, and to which I lend my professional endorsement:

Always willing to add anything that may be interesting to the science of medicine, and being requested by Dr. Titus, of Joplin, to make a statement of certain phenomena which occurred in my person, I shall proceed to do so, in as brief a manner as possible, and still make it intelligible. For witnesses to

the facts stated below, I could mention the names of members of my own family and neighbors, all residing in Joplin and vicinity, who, if called upon, will corroborate this statement.

Early in the spring of 1863, I received a strain in my right groin. Soon afterwards, I was confined to my bed with a sore knee, and eventually lost the leg above the knee. For some three months after being confined to my bed, I was troubled with a lump in my groin in the region of where I had received the strain. At the end of that time an abscess formed in the groin, and commenced discharging pus of about the consistency of water mixed with meal. Some four days after it commenced discharging, I was taken with severe cramps, ranging from the knee to the hip joint, accompanied with severe smarting about the abscess. This continued, without intermission, for the space of forty-eight hours. At the end of that time, a worm made its appearance, coming out of the abscess in a doubled shape, both ends coming out together. The worm was eight inches long, nearly the shape of a stomach worm, being pointed at each end; was transparent, and seemed to be filled with the same substance that was discharging from the abscess. It was very lively, and crawled and twisted about after being discharged from the abscess. In fourteen days after the discharge of the first one, another worm made its appearance from the same spot, similar to the first, only being larger, and about two inches longer, but not near so lively as the first. With the last worm I did not experience any misery, as I did with the first. Both worms were preserved, and are now in the hands of Dr. Davis, in Colorado, the surgeon who amputated my leg. The abscess continued discharging for about three years, but, at present writing, is healed, and seems to be perfectly sound.

Joplin, Mo.

AN EFFICIENT ADHESIVE PLASTER.

By S. WHITEHALL, M. D.

In your last issue I noticed an article from the Boston *Med. and Surg. Journal* on the use of rubber as a base for adhesive plaster. I have for several years past been using dentist's medium, and the thinnest rubber dam for that purpose, but find it very troublesome to get an adhesive material that will keep it from *crawling*. After many experiments the best I have found is a compound of caoutchouc gum, resin and balsam fir, dissolved in carbon disulphide. This may be painted on the vulcanite, and will be ready for use in a few minutes, and without further preparation will adhere from the heat of the body.

With a vial of the mixture at hand a plaster that will keep for some months can be made at a moment's notice.

Although rubber plasters do very well in some cases, in theory the idea is more beautiful than in practice.

Niles, Mich.

MISCELLANY.

Tribute to the Late Dr. J. H. Beech.—At a meeting of the Ann Arbor Medical and Surgical Society, held on Tuesday evening, the following resolutions were unanimously adopted:

Whereas, A distinguished member of the medical fraternity of our State, and an honorary member of this society, eminent, respected, and beloved alike for his professional devotion, learning and skill, for his social virtues, his patriotic sacrifices, and every quality which adorns and blesses humanity, has passed to his rest and reward; therefore,

Resolved, That the members of this society deeply feel, as a personal loss to themselves, as a loss to the Department of Medicine and Surgery of the University, whose firm, consistent and ardent friend he has ever been, as a loss to the profession and the people of the State and the country, to whose wants he has devoted an active and laborious life, and as a loss to the cause of benevolence and humanity, the death of Dr. J. H. Beech, of Coldwater.

Resolved, That, as an expression of our sorrow and our high appreciation of his exceptional goodness and worth, that these resolutions be spread upon the minutes of this society, and that a copy, properly engrossed and signed, be sent to his bereaved family, to the *Michigan Medical News*, and to the papers of Ann Arbor and Coldwater.

A. B. Palmer, President.

V. C. Vaughan, Secretary.

MICHIGAN STATE BOARD OF HEALTH.

The regular quarterly meeting was held in the office of the Secretary of State, at Lansing, Tuesday, October 8, all the members being present, as follows: R. C. Kedzie, M. D., President, of Lansing; H. O. Hitchcock, M. D., of Kalamazoo; Henry F. Lyster,

M. D., of Detroit; Hon. Le Roy Parker, of Flint; Rev. D. C. Jacokes, of Pontiac, and Henry B. Baker, Secretary, of Lansing.

VENTILATION.

Rev. D. C. Jacokes, Committee on Buildings, Heating, Ventilation, etc., mentioned experiments in progress with regard to a plan of ventilation applicable to houses already built, on which he should be able to report at the next meeting. He had given illustrated lectures in a town in this State, and secured the construction of a chimney with ventilating flue, as recommended by Dr. Kedzie in the first annual report of the Board, in a church where patent ventilating machines had failed; and the same plan would also be tried in private houses in that town. In this way he hoped to secure practical methods of ventilation "for the million." He had visited a house so constructed and shaded that scarcely a ray of direct sunlight could enter, and in which seven of eight children had died.

CLIMATE AND LONGEVITY.

Dr. Lyster, Committee on Climate, presented the introduction of a paper on the topography and climate of Michigan, illustrated with diagrams showing isothermal lines, rainfall, elevation of localities, distribution of woodland, frequency of storms, etc. It is to be completed for publication in the annual report.

CORONERS' JURIES.

Hon. Le Roy Parker, Committee on Legislation for Public Health, read a paper on coroners and coroners' juries, showing the former dignity of the office of coroner, and stating that the jury were originally summoned principally as witnesses. He traced the growth of the system of coroners' juries, showing the origin of some abuses, and the extent to which the system has been degraded, and clearly exhibited the need for expert medical ability on the part of the coroner in tracing to their causes deaths from violence and accident, and for expert legal ability in dealing with cases of homicide, suicide and murder. He recommended that the coroner's jury, as now constituted, be abolished, as has already been done in Massachusetts, and that efforts be made to secure as coroners men of expert medical and legal ability. He stated that the system now in force in Massachusetts was considered far superior to the old system.

Dr. Lyster spoke of some of the evils of the present system, and the importance and need of the proposed reforms.

Dr. Baker read a report of public health subjects in the proceedings of the Michigan State Medical Society, at its meeting in Lansing, in May last, which was ordered published in the annual report.

SECRETARY'S REPORTS.

The Secretary reported further correspondence relative to the sanitary convention proposed to be held at Coldwater, in February, 1879; also, correspondence with makers of sanitary appliances, relative to exhibiting their inventions at these conventions. He exhibited Wheeler's disinfector (invented by W. F. Wheeler, 119 S. Fourth street, Philadelphia, Pa.), for rendering the water supplied to urinals, water-closets, etc., itself a disinfectant, by means of carbolic soap; also, Houghton's reversible charcoal water-filter, designed to be attached to water-pipes at the point of delivery, which had been obtained for the same purpose from the agent, E. C. Houghton, 75 Devonshire street, Boston. The Secretary presented the usual report of work in the office during the last quarter.

A motion was passed directing a complete set of meteorological observations be taken in the office of the Secretary.

A motion was also passed directing that the document upon the "Restriction and Prevention of Diphtheria," recently issued by the Board, be electrotyped for use by local Boards of Health, and those interested in the restriction of the disease.

DENTISTRY.

Dr. Lyster presented a communication from a dentist of Detroit relative to the preservation and care of the teeth, which was read and discussed.

OPIUM EATING.

The Secretary presented a communication from Dr. O. Marshall, of North Lansing, relative to opium-eating and the opium habit, which included a summary of replies by 96 prominent physicians in Michigan to a circular of inquiry as to the number of opium and morphine eaters, of both sexes, in their localities. There were reported from these places, mostly villages and smaller cities, 1,313 habitual eaters of the drug. It also included a statement from the United States Treasury Department, showing that there have been imported during the 27 years from 1850 to 1877, 5,299,774 pounds of opium, valued at $26,142,085, besides 22,565 ounces of morphine, valued at $73,433, imported during the 17 years from 1861 to 1877; also, showing that the imports for the ten years ending with 1877 exceed by 2,057,080 pounds, or nearly 200 per cent., the imports for the ten years ending with 1859. In addition, it is believed that there have been at least 10 per cent. of the amount above stated smuggled into the country. The estimates for Michi-

gan, based on these replies and the statements of a wholesale drug-house in Detroit, show the consumption of opium to be very large.

DIPHTHERIA.

The Secretary read a communication from Dr. Topping, of Dewitt, based on recent experiences in an epidemic of diphtheria, in which he reversed a former report that he had seen no evidences of the contagiousness of the disease, having lately traced about 70 cases to one first case. Also, two communications from Dr. J. S. Caulkins, of Thornville, relative to the period of incubation in diphtheria, based on a study of nine cases in one family, six of which were fatal, and eight cases in another family, four of which were fatal.

SANITARY SURVEY, ETC.

A resolution was adopted directing the Committee on Legislation to prepare a memorial to the Legislature in favor of a topographical survey of the whole State, for sanitary purposes, to be instituted at once, and carried forward to its earliest completion.

Dr. Baker was appointed a committee to confer with the representatives of the American Public Health Association, American Social Science Association, and others, relative to devising some method for uniform registration of births, marriages and deaths throughout the United States.

After the auditing of bills and a large amount of routine business, the Board adjourned, to meet January 7, 1879.

AN IRRITATED INFINITESIMAL. — The following correspondence explains itself:

UNIVERSITY OF MICHIGAN,
HOMŒOPATHIC MEDICAL COLLEGE,
ANN ARBOR, November 16, 1878.

DR. J. J. MULHERON:

Sir—In an article appearing in the *Michigan Medical News* of the 10th inst., over the signature of "J. J. M." (if these initials represent you), you allude to me and my connection with the Hom. Dep't in a most ungentlemanly and discourteous manner, in speaking of a case under my charge in the University Hospital. In giving expression to your bigoted and slanderous statements you say much that is false and unjust, and I wish to inform you that, if you ever allude to me personally hereafter, in any manner unbecoming my position here as a gentleman or professional, I shall hold you to a strict personal responsibility.

I remain, yours, &c.,

E. C. FRANKLIN.

OFFICE OF MICHIGAN MEDICAL NEWS,
DETROIT, November 19, 1878.

E. C. Franklin, M. D., Professor Surgery Hom. Dep't University of Michigan:

DEAR SIR—Your sprightly note of 16th inst. has just been received.

Allow me, in reply, to say that there are, in the article you refer to, no statements for which I have not the best of warrants. The columns of the MICHIGAN MEDICAL NEWS are, however, open to you to correct anything which you may deem a misstatement.

I cannot but regret that you have seen fit to make a personal matter of an article which can affect you only in your capacity as an officer in a State institution. I fear I do not fully comprehend your threats; but this much I do know: that, if you seek thereby to prevent a full and due criticism of your professional doings in the State Hospital, you have reckoned without your host. If I refrain in future from referring to you in terms which you may not consider complimentary, it will be simply because you shall not have laid yourself open to attack.

I trust I fully appreciate your consideration in not holding me "to strict personal responsibility" for anything already written; but, in view of the possibility of your not being afforded another opportunity of thus holding me, you have my fullest permission to make the past an ample pretext.

Yours, etc.,

J. J. MULHERON.

WE cannot but pray that, should weapons be in demand, we may be spared an attack with the ecraseur. What we saw on the occasion of our recent visit to the State Hospital has inspired us with a holy horror of that instrument of torture—homœopathically applied.

PREMATURE BALDNESS—ITS CAUSE AND TREATMENT.—Dr. Geo. H. Rohe, in the Atlanta *Medical and Surgical Journal* discusses the cause and treatment of the shiny pate as it occurs in young men. Contrary to a common notion, baldness is not a result of early piety, but is owing to an increased secretion of sebaceous glands. This augmented secretion may be owing to either general or local causes. Its accumulation on the scalp gives rise to dandruff which is not as has been supposed a scaling of the superficial layers of the epidermis. The altered sebaceous matter not finding ready exit on account of its abnormal dryness, chokes up the hair sheath, and finally —generally after months or years—leads to falling of the hair and atrophy of the hair

bulb. The alopecia consequent on the specific fevers and other grave constitutional diseases is usually preceded and accompanied by a more or less general seborrhœa.

This view of its pathology suggests the treatment. The cause being sometimes constitutional, local. treatment will not always suffice. In cases of premature alopecia search should be made for a systemic cause, as syphilis or tuberculosis, or more commonly, innutrition from chronic dyspepsia. Of medicines, iron and arsenic should be given in combination. The mineral acids are especially indicated in dyspepsia. In some cases cod liver oil and iodine are valuable remedies.

Most persons troubled with dandruff resort to a fine tooth comb or a stiff hair brush. Dr. Rohe disapproves of these. Having himself been afflicted, he tried all the stereotyped remedies without favorable result. He had seen chloral in solution, very highly recommended, and gave it a trial but found it aggravated his trouble. The plan he finally adopted, and which brought relief, he copied from Hebra's late work on Diseases of the Skin.

The success of the method depends upon the use of an agent which, while mildly stimulant, removes the scales and thoroughly cleanses the scalp. This agent is the German or French soft soap (green soap, schmierseife, savon vert.) in alcoholic solution. This soap is now imported in large quantities and prescribed daily by the dermatologists of Boston, New York, Baltimore, Philadelphia and other cities. The soap containing an excess of alkali saponifies the fatty matter of the sebaceous secretion, and it is thus easily removed. The alcohol greatly assists this action, and seems also to have an alterative action—if such an indefinite term is excusable—on the glands. The two may be combined as follows:

℞. Saponis viridis, (Germ.),
Alcoholis, aa ℥ij.
M. Solve, filtra, et adde
Ol. lavandulæ gtt. xx—xxx.

The oil of lavender is added to cover the disagreeable fishy odor of the soap. The above makes a very handsome orange or wine-colored preparation, with a pleasant odor, to which the most fastidious will hardly object.

This is used as a shampoo every morning or evening, pouring one or two tablespoonfuls on the head. Upon the addition of water, and smart friction with the fingers, a copious lather is soon produced. After keeping up the shampooing process for four or five minutes, all the soap must be washed out of the hair by the free use of warm or cold water, and the hair thoroughly dried by means of gentle friction with a soft towel. The immediate effect experienced is a disagreeable feeling of tension of the scalp, as if it were stretched too tightly over the skull. To obviate this effect, and to keep the scalp from getting too dry, and thus, perhaps, set up a true pityriasis, it is necessary to follow up the shampooing with some fatty application, which may contain some mild stimulant, thus: Castor oil, 1 part, to alcohol 3 or 4 parts, with a little oil of rosemary or cinnamon, or the elegant pomades and oils of Bazin and other manufacturers may be used. But the best, as well as the neatest preparation that I have employed for this purpose, is the hydro-carbon known in commerce as cosmoline. This is a product obtained from petroleum. It is entirely bland and unirritating; never turns rancid, and is comparatively cheap. It may be obtained in the fluid form or as a soft solid.

This procedure, shampooing, drying the hair and applying the greasy preparation must be repeated daily for three or four weeks. In the course of that time it will be discovered that the production of scales and the falling of the hair has been very markedly decreased. It will then suffice to repeat it twice or three times a week for a month or two longer, after which a good shampoo once a week will usually succeed in maintaining a permanent cure.

Most patients will be alarmed after using this method at first, because the hair comes out in greater quantity than before. This is due to the fact that a large number of hairs are dead and only retained in their follicles by plugging of the sheath with the accumulated sebaceous matter. The patient should, therefore, always be prepared for this result, and the cause of the increased falling of the hair explained to him.

It is not necessary—though more convenient—to cut the hair short during the treatment.

When the alopecia has lasted so long that the hair-bulbs have become atrophied, nothing will restore the hair on those spots. Our endeavors must be directed to saving what remains. A prognosis favorable to the restoration of the hair must, therefore, be given with caution.

PHYSICIANS' HEADS.—Two French Savants, M. M. Cliquet and Lacassagne have been conducting a series of measurements with a view to demonstrating the influence on the form and size of the cranium of intellectual work. Their conclusions are so flattering to our own profession that we shall quote them.

The experiments were made by means of the *Conformateur* upon 190 doctors, 133 soldiers who could read and write, and 90

soldiers who could not, and 91 prisoners. The diameters measured were the longitudinal, the anterior, and posterior.

The average measurements were:

	M. D.	Educated Soldiers.	Illiterate Soldiers.	Prisoners.
Long diameter	85.29	81-97	79.13	81.10
Anterior "	48.91	43.65	42.35	41.12
Posterior "	52.58	49.66	50.27	49.90

The difference in favor of the doctors over the uneducated are—long diameter, 4.50 cm.; anterior, 6.37 cm.; posterior, 2.82 cm. The frontal development of the doctors measured 6.37 cm. more than that of the illiterate. Among the educated, the left frontal region is the most developed; among the illiterate it is the right occipital region (passional instincts).

The authors' conclusions are:

1. The head attains its greatest development in those who exercise their brains.

2. The frontal region is relatively more developed than the occipital in educated persons.

To Restore Faded Writing.—Von Bibra has found in a moderately concentrated aqueous solution of gallo-tannic acid an agent which restores faded handwriting without producing any of the disadvantages attending the employment of ammonium hydrosulphate. He applies the tannin with a brush, removes the excess with a current of water, and dried the document at a temperature of about 55° R. The writing then turns clear and black, and remains so many months.

PARAGRAPHS.

With the advent of cold weather yellow fever has nearly, if not quite, disappeared from the South.

An Arabian proverb: The world is supported by four columns: The Justice of the Great; the Prayers of the Righteous; the Bravery of the Valiant, and the Science of the Physician.

A physician, much attached to his profession and his own skill, during his attendance on a man of letters, observing that the patient was very punctual in taking all his medicines and following his rules, exclaimed, in the pride of his heart, "Ah, my dear sir, now you deserve to be sick."

A great Viennese tenor, over whom the Austrians are now in ecstasies, was formerly a prosaic barber with a disagreeable baritone voice. He was, moreover, an unhappy barber, and sought to give himself his quietus with a bare razor. He cut into his larynx, but didn't cut far enough, and after the wound healed he found himself a famous singer. There is a hint here for ambitious young men.

Apropos of the discussion of the State Board of Health on the question of coroners, we quote from the Boston *Advertiser*: "Under the law substituting medical examiners for coroners, which has been in operation for a year, 178 deaths were investigated, and only 27 inquests held. The average expense of the inquests was $6.60, and it is estimated that the saving to the county was fully one-third over the old way."

The *Medical Times and Gazette* gives the following qualifications of a good forensic medical expert: He should be a first-rate chemist, a sound physician, a skillful surgeon, an accomplished obstetrician; and should join to these qualifications a fair acquaintance with the collateral sciences, a little knowledge of law, much common sense, and a power of readily expressing technical matter in popular phraseology; and, in the present state of our law courts, if he have the gift of incisive repartee, it will be an advantage.

The human lungs reverberate sometimes with great velocity.
When windy individuals indulge in much verbosity.
They have to twirl the glottis sixty thousand times a minute,
And push and punch the diaphragm as though the deuce were in it.
Chorus:—The pharynx now goes up,
The larynx with a slam
Ejects a note
From out the throat,
Pushed by the diaphragm.

The Prague Board of Health is composed of brave men, as witness the following edict by them in the interests of dress reform: "Considering that trailing robes raise a dust in the street, which is highly prejudicial to the public health, it is henceforth forbidden to wear the robes in question in public thoroughfares."

No American Board would have the temerity to enact such an ordinance, and even in Prague there are vague apprehensions of a riot.

The following extract from a French paper is of interest:

"They are talking in America of nothing but the singular accident which happened to one of the notabilities of San Domingo. General Yos Trebla, of the Spanish army, consulted a Dr. Manidew about some trouble which followed an attack of yellow fever. Dr. Manidew recommends transfusion of blood, and one of the students at Bellevue Hospital offered himself to make sacrifice of part

of his blood in favor of the gentleman of color. The operation took place, but with the following strange result, which is now occupying the attention of the medical world of America. General Yos Trebla sees himself daily changing color and whitening visibly. And as his new color comes his rank of general disappears, for he is sure that the Dominican Government will never recognize a white general. On the other hand the medical student is getting a black skin as the reward of his devotion. Moreover, Mrs. Yos Trebla will not live with the general now as she is afraid of having mulatto children. And all three have sued Dr. Manidew for damages.

SELECTIONS.

THE USE OF JABORANDI AT BELLEVUE HOSPITAL.—Within the past year or two, jaborandi has become a very popular and useful drug at Bellevue. In uræmia and in acute and chronic parenchymatous nephritis, it has accomplished especially good results.

In uræmia it is a very effective substitute for the old hot-air bath, acting more quickly and surely. As it has been shown to increase markedly the excretion of urea, it is probably more efficient, also, than the baths in relieving uræmic phenomena. A patient was brought into the hospital, some weeks ago, suffering from convulsions and delirium. She had no œdema, but her urine was nearly solid with albumen, and contained small casts and blood. She was given a drachm of the fluid extract of jaborandi, hypodermically, and ɱx. of Magendie's solution. In fifteen minutes she was sweating profusely, and the convulsions had ceased. She was restless and wandering in mind for the next twenty-four hours, but had no other bad symptoms. A drachm of jaborandi was given every other day subsequently, and in a week the albumen had nearly disappeared from her urine, and she felt quite well.

Cases of chronic nephritis have been treated with the drug very satisfactorily. Some who did not improve or get rid of the œdema under digitalis and potassium, have shown immediate improvement under jaborandi. It is given in drachm doses every other morning, the patient being kept in bed until dinner time, when the sweating is over. It is better not to give it at night, as the bedclothes become saturated with perspiration, and sleep is disturbed and uncomfortable.

Jaborandi weakens the heart. It is dangerous when the pulse is poor and the system debilitated. If given to a patient in this condition with uræmia, he falls into a cold perspiration, and œdema of the lungs, coma and death follow.

Yet it has been used several times in the treatment of pulmonary œdema, in doses of ɱx. to ɱxv., every one or two hours. The autopsies have shown the usual changes.

It has been used, also, in pleuritic effusions, but does not seem to "sweat out" the intrathoracic liquid very much. Besides, it produces a nausea and salivation not at all pleasant.

The drug loses its effect in some cases, and the dose has to be increased. The usual variety in its action has been noted. Sometimes it causes salivation only; most frequently salivation and diaphoresis. If the dose is carefully regulated, nausea and vomiting need not be a frequent complication. The urine is, in cases of chronic Bright's disease, somewhat diminished in amount, unless renal congestion or an acute nephritis is complicating the case. Jaborandi has proved, so far, of most certain service in the chronic stages of Bright's disease, and in uræmia, brought on during its initial attacks. When an acute attack is lighted up on a chronically inflamed organ, and when the system has already become weakened and anæmic, the drug may be useful, but it will also be dangerous. —*Medical Record.*

IODOFORM FORMULÆ. — The *Allgemeine Med. Central-Zeitung*, for September 21, extracts from No. 18 of the *Mittheilungen des Vereins der Ærzte* in *Niederœsterreich* some remarks on iodoform, and several formulæ for the use of this remedy.

Iodoform is given in doses of from 5 to 10 centigrammes (¾ to 1½ grains), three or four times daily, in solution in ether, in powder, or in pills. For ointment, one part of iodoform is mixed with eight or ten parts of fat, at the temperature of a water-bath. Rubbed to a fine powder, it is used for sprinkling and dressing varicose ulcers, cancerous and syphilitic ulcers, anal fissure, etc. Mixed with lycopodium, it is used for insufflation in vagina, and for sprinkling in the vulvitis of children.

Righinis Iodoform Paper.—Take of starch 20 parts; cold water, 15 parts. Mix, and add 100 parts of boiling water, or enough to make a softish paste, to which add 10 parts iodoform, The paste is then spread thinly on bibulous paper. The paper is used for disinfecting dwelling and sick-rooms, strips being laid in different parts of the room.

Iodoformised Collodion (Moretin).—Dissolve five parts of iodoform in 100 of collodion; mark "For external use." Used in arthritis and rheumatism.

Iodoform Suppository (Purdon).—Iodoform, one part; cacao oil, 25 parts. For application to the cervix or cavity of the uterus as an anodyne.

Iodoformised Cod-Liver Oil.—Dissolve one

part of iodoform in 200 of cod-liver oil, and add 0.5 of oil of aniseed. The dose is a tablespoonful twice or thrice daily in phthisis, glandular affections and scrofula.

Antirheumatic Pills (Knoll).—Iodoform, reduced iron, each 3 grammes (46½ grains); purified liquorice juice, enough to make 60 pills, to be sprinkled with lycopodium. Two to be taken three times daily.

Antirheumatic Pills (Purdon).—Iodoform, 2½ grammes; reduced iron, 1 gramme; liquorice juice, 4 grammes; water sufficient to make 50 pills. Two or three to be taken every two or three hours in neuralgia and rheumatic affections.

Iodoform Pills.—Iodoform, extract of gentian, of each 5 grammes; gentian root (powder) sufficient to make 100 pills. From three to five to be taken twice or thrice daily in scrofula, amenorrhœa and cancer.

Ethereal Solution of Iodoform (Gubler).—Iodoform, two parts; dissolved spirit of wine, ether, of each four parts. To be painted over the painful parts in chronic arthritis, with a camel-hair pencil, the part to be afterwards covered in with oiled silk.

Antihæmmorrhoidal Suppositories (Hillairet and Purdon).—Iodoform, 2½ grammes; cacao-oil, 40 grammes; yellow wax, 5 grammes. Mix at a gentle heat, and make 10 suppositories.

Iodoform Ointment.—Iodoform, 5 parts; hog's lard, 45 parts; to be melted together at the temperature of a water-bath, and stirred until cool. To be marked "For external use" In pruritus, prurigo, chronic eczema, fissures and painful ulcers.—*Cincinnati Lancet and Clinic.*

Ipecac in Labor.—Dr. John H. Carriger, in the *New York Medical Journal*, speaks highly of ipecac as an aid to parturition. A careful observation of its action through a series of years has led him to prefer it to ergot as a uterine stimulant. Besides promoting contraction, it facilitates dilatation of the os. He details five cases of labor requiring interference, owing to the irregularity and inefficiency of the pains, in which ipecac was given with marked benefit. It appears to exercise a co-ordinating influence over that condition of the uterus in which we have irregular uterine contraction, and protracted, agonizing and inefficient pains, wearying and harrassing, without producing any result—a condition which might, for want of a better term, be denominated stammering of the womb.

"In cases of this kind, I have seldom seen it fail to relieve the patient of much of her suffering, notwithstanding the evidences were very strong that the expulsive efforts of the womb were more than doubled, as indicated by the rapid changes in the circumstances of the labor. Usually, in about thirty minutes after its administration, the previously restless patient, from rolling and tossing and making loud outcries, has become quiet, and with every pain appears to be making a determined effort to become rid of her burden, in a quiet way—the os dilating, the child descending, and the agony shortly over—and yet the labor not possessing any of the characters of an ergotized labor—the pains coming at regular intervals, as in cases of natural labor, succeeded by intervals of rest. While believing the dilating force in these cases to be the stimulated, regularly recurring, forcibly expulsive, physiological force, I do not feel prepared to say that ipecacuanha exercises no influence independently of its expulsive force. Its influence over the sick stomach of pregnancy (it has occurred to me) might, in whole or in part, be due to some power of causing dilatation of a too contracted os, as well as to its influence in diminishing the agonies of an irritable labor. In a very large number of cases of rigid and undilated os, where every pain, for hours previously to its administration, had been accompanied by loud outcries and jactitation, and irritability of temper, it has rarely failed in a few minutes to bring quiet and comfort, speedy dilatation of the rigid os, and regularly recurring and forcibly expulsive pains, an entire change in the character of the labor, and speedy termination."

Pruritus Vulvæ Treated with Sulphurous Acid,—Edward B. Stevens, M. D., Lebanon, Ohio, writes, I was recently consulted by a lady complaining as follows: Severe pruritus of the labial surfaces, extending to the external genitals, with an erysipelatous rash covering these surfaces, and at the same time an abundant leucorrhœal discharge. She had applied a variety of lotions to the itching, burning parts without avail—the leucorrhœa had been of some time standing; general health good; supposes herself approaching the menopause, age, 46.

Upon examination found an erysipelatous rash covering the labia and flaming up over the pubic region toward the lower surface of the abdomen; it was angry looking and eczematous, with a very watery exudation; on introducing the speculum found the rash occupying the labial surfaces and extending up over the outlet of the vagina. The superior portion of the vagina, and cervix of the uterus were perfectly healthy in appearance,

whereas I had expected to find abrasion of the os, or some condition of chronic inflammation as the reason for the leucorrhœal discharge. Instead I found the red point of a small mucous polypus about the size of a large pea showing itself at the os. I had no difficulty in grasping the pedicle of this small polypus with slender forceps and snipping it off with curved scissors. I supposed this polypus was the irritant that produced the leucorrhœa—and as I expected, its removal almost entirely arrested the discharge.

For the pruritus and burning, I directed the parts to be freely bathed with sulphurous acid in full strength. The result was a prompt and entire relief. Subsequently there was a partial return for several times of the rash and pruritus, but always completely and promptly relieved as at first by the free application of the sulphurous acid.

My attention was called to the efficacy of sulphurous acid in kindred cutaneous troubles, by a paper read a year ago to the American Dermatological Association by Dr. L. D. Bulkley, of New York. He regards the group of cases he described in that paper, as not only eczematous, but as having a parasitic origin, which he found to be uniformly corrected by the application of this acid.

Shortly before the present case came into my care, a lady applied to me with eczema of the face and neck, that under the care of one of my most intelligent medical friends, had resisted all reasonable treatment, constitutional and local for many months. Dr. Bulkley's cases being fresh in my mind I laid aside all constitutional remedies, and directed the parts to be freely bathed with sulphurous acid, full strength, with the effect to afford perfect and as Bulkley expresses it, "exquisite relief." The acid was re-applied from time to time as the itching recurred and the cure is now complete, the skin having lost its scaly condition and become as smooth as an infant's.

Some writers direct the application of sulphurous acid variously diluted—as with water, or glycerine. My experience, in a few cases only, agrees with that of Dr. Bulkley, that there is no necessity to dilute the acid even for very delicate surfaces, I therefore direct the acid to be kept closely stopped, in bulk—and the patient to have an ounce ground glass stopper vial, which is kept supplied from the larger bottle for use; due care being observed to avoid as far as possible atmospheric influence upon the acid. I advise the parts affected to be well saturated whenever the itching calls attention to the disease.

Pruritus vulvæ is frequently an obstinate affection, but I have hitherto found cases which were evidently eczematous, and my experience in the foregoing case, is given simply as affording an additional rational therapeutic remedy, especially when the pruritus is associated with this condition of parts.—*Obstetric Gazette*, Cincinnati.

THE TREATMENT OF ULCERS WITH A SATURATED SOLUTION OF CHLORATE OF POTASSIUM, BY T. M. ROCHESTER, M. D.—I wish to call attention to the treatment of ulcers, ulcerations, and suppurating wounds and sores in general, by the use of a saturated solution of chlorate of potassium. I have said suppurating sores in general, and so it will be found beneficial in all of these; but it is especially useful in that particular class of old, unhealthy, indolent ulcers which are one of the opprobria of our art. Let me describe briefly my plan of treatment in one of these cases.

Suppose, for example, a patient comes with an old, indolent ulcer on the leg, which is the most frequent situation. The sore is foul, unhealthy in appearance, and ill-smelling. The limb is usually much swollen, granulation is at a stand-still, the ulcer may even be phagedenic, and the discharge is thin, sanious and offensive. As a rule, the patient has the sore covered with some salve or ointment, and the limb is bandaged tightly or strapped with adhesive plaster.

In a case of this kind, I immediately remove all bandages and constrictions, and direct that they shall not be again applied. The ulcer is then carefully and gently washed with warm water, after which it is ordered to be gently douched five or six times a day with a saturated solution of chlorate of potassium. My usual prescription is: Take of pot. chloratis two drachms; aquæ puræ, one pint. The best method of doing this is to fill a sponge with the solution, and then slowly press it out, holding it within an inch or two of the sore. After the ulcer has been quite freely douched, a thin layer of the unguentum zinci oxidi should be spread around the edges. It is then to be completely covered with a piece of oiled lint, kept in place by a bandage applied as loosely as possible. The douching should be repeated, at first, five or six times daily; the zinc ointment need not be used more than twice in the twenty-four hours. At the end of two or three days the ulcer will begin to assume a healthy appearance, and commence to granulate nicely. When this improvement is noticed, the number of douchings should be decreased, otherwise the granulations will become pale and flabby. As the sore fills up and begins to heal over

around the edges, the zinc ointment should be increased, so as to cover the new skin. This serves to protect and strengthen it. So, too, it is well to continue its use for a few days after the ulcer has completely skinned over.

Such, in brief, is my mode of dealing with these cases, and it is with the keenest satisfaction that I have watched case after case of unhealthy, indolent, varicose or specific ulcerations, which have defied one treatment after another, and worn out the patience of physician and patient alike, take on a healthy appearance after two or three days of this treatment, and thence proceed rapidly to a complete recovery. During the past fifteen months I have seen and treated by this plan between ninety and one hundred cases, and in no single instance have failed to see immediate and continued improvement, and, when they could be kept track of, complete healing in from one to six weeks.

This number of cases embraces not only the ordinary indolent ulcers, but also syphilitic, varicose, and one case which I believe was carcinomatous in its character.

Several of my cases had had scraping and skin-grafting tried in vain. Where they were syphilitic, constitutional treatment had been and was used alone, without effect; but rapid healing immediately took place when the douching with the saturated solution of chlorate of potassium was combined with it.

There is another point that is worth mentioning, and that is that this douching is entirely painless after a few applications. It may smart a little the first or second time, but even then it is so slight as not to be taken into consideration.—*Proceedings Med. Society County of Kings.*

The Lessening of Pain in Operations—Mr. G. M. Callender says, in his address before the British Medical Association: Now, take a wound left after amputation of the breast, and let care have been given to staunch all bleeding, and let the line of incision have been so arranged as to leave an end of the wound in a dependent position. The wound may be drained by the insertion of a tube, say of perforated india rubber, along its entire length, one end being left projecting at the dependent point. I say nothing about the carbolizing of the wound, as I am now dealing rather with the treatment so far as pain avoidance is concerned. Then bring the wound together by means of mainstays. Then close its edges with silver sutures, from which, as the wound swells, tension will be largely taken by the mainstays we have introduced. Apply the dressings, not too tightly, or the movements of respiration will make the costal surface of the wound rub upon the more superficial; and then place the forearm and hand across the chest, and secure them against sudden starts by a bandage lightly passed from the wrist round the neck, supporting the elbow, and to the wrist again. Seven or eight hours later, cut through the strapping with which you will find it the more simple plan to have secured dressings, and, with a sense of relief to the patient, they will separate an inch or more; a strip of plaster will reunite them, and whenever the wound has to be dressed this strip should be cut through and a new one placed over it, the originally applied plaster never being removed, because, especially if from a hairy surface, its removal is attended with much discomfort. When the wound has to be dressed, slip the bandage from the wrist, and then grasp the arm above the elbow firmly in one hand, and with the other move the hand and forearm to a straight line with the arm; then, still grasping the arm, move it out from the side so far as you may think fit. By this guarded movement you will prevent the sudden and involuntary contraction of the biceps and of other muscles, which, if the arm be not steadied, will assuredly occur, and will be followed by a corresponding jerk in the pectorals, disturbing the wound and causing the patient to cry out with pain. The dressing is then removed and renewed, and using, as I do, carbolized oil or lint, protected by gutta-percha tissue, this part of the operation is most simple. See that the drainage tube is acting properly, and renew some tenax in the axilla, or a small sawdust pad, to catch the discharging serum, if any, and then carefully replace the arm and then the forearm to its original position. Tended in this way, we are certain of conducting our case without an ache or pain, so far as the dressing of the wound is concerned.

Dr. Pierce's favorite prescription for the cure of chronic weaknesses and complaints peculiar to females, consists of 280 grams of a turbid greenish-brown fluid, with a bulky deposit of the same color, made according to the following recipe: Savin tops, 10 grams; larchagaric and cinnamon, of each 5 grams; China Jaen (ash cinchona bark), 10 grams; boil with sufficient water to make 220 grams when strained. Dissolve in the filtrate gum arabic, 10 grams; white sugar, 5 grams, and add tinct. digitalis and tinct. opii, of each 2 grams; star anise oil, 8 drops; 90 per cent. spirit, 45 grams.—*Hager.—New Remedies.*

INDICATIONS FOR THE USE OF DIGITALIS.—W. H. Day, M. D., in an article on neurosal affections of the heart in children, gives the following indications for the use of digitalis:

1. That when the heart's action is weak and intermittent, digitalis should be given with caution, whether the weakness and intermission depend on organic change, or whether they are purely neurosal.

2. If the heart's action is quick, though weak and intermittent, digitalis may be serviceable by reducing the frequency of the cardiac contractions and lengthening the diastole; if the heart is slow and feeble in its impulse, digitalis ought not, in my opinion, to be administered alone, but should be given with a remedy like iron or strychnia.

3. In palpitation, from purely neurosal affections of the heart, with the heart's action hard and hammering, as in some cases of chorea and Grave's disease, bromide of potassium does good, and not digitalis. Hence, digitalis is unwarrantable in simple hypertrophy, but, when dilatation is combined with it, it is of service.

4. When there is weakness of the muscular structure combined with palpitation, belladonna, or digitalis with bromide of potassium, or iron, or strychnia, are of service.

5. In palpitation produced by muscular effort, digitalis is of less service, and often does harm. In muscular inefficiency, when the heart does not empty itself at every systole, and arterial pressure is low, then it does good.—*Practitioner.*

AN IMPROVISED NASAL SPECULUM.—A rude but effective nasal speculum may be made from a strong, long hairpin, by holding it by the curved end, horizontally, and bending two-thirds of the free ends at a right angle. One-half of each end so bent is to be again turned back upon itself. These newly-formed bows may be bent out from each other a little, which will make the instrument self-retaining, while the original bow, being up out of the way when the others are inserted, serves as a spring.—*Dr. Wm. Porter in the Illinois Medical Recorder.*

BORACIC ACID IN SKIN DISEASE.—Neumann has employed boracic acid, sometimes alone, sometimes in connection with oil of cloves, in the fluid form, and in ointments. In pityriasis versicolor and tinea tonsurans, alcoholic solutions, 10 to 300, with 2.50 of oil of cloves, and 20 to 300, with 3 of oil of cloves, have been used. In pityriasis rubra, and all varieties of eczema, the acid has been employed, in the form of ointments of 10 to 50. Neumann considers the remedy a valuable one.

BOOK NOTICES.

DISEASES OF THE BLADDER AND URETHR WOMEN—By Alex. J. C. Skene, M. D., Professor of Diseases of Women in the Long Island College Hospital, etc., pp. 375. New York: Wm. Wood & Co. Detroit: E. B. Smith & Co.

This is a new book, and is, so far as we know, the only one which treats systematically and exclusively of diseases of the female bladder and urethra. The subject is treated in the form of lectures which were originally intended for use in the College Class Room—therefore comprehensive in their scope, and dealing in minutiæ and elementary principles. Dr. Skene is a pleasing writer and withal lucid. He has collected and presents in very readable form much knowledge on his subject, which existed only as scattered throughout a number of text books and in periodical literature. His practical experience has enabled him to make a judicious selection and compilation of such matter. The work is one which a careful perusal would enable us to commend even though its field was occupied by others, and as it is alone in the field we bespeak for it general favor with the profession.

PRACTICAL SURGERY—Including Surgical Dressings, Bandaging, Ligations and Amputations—By J. E. Mears, M. D., Demonstrator of Anatomy in Jefferson Medical College, etc.; pp. 280, with two hundred and twenty-seven illustrations. Philadelphia: Lindsay & Blakiston. Detroit: E. B. Smith & Co.

The best that can be said of this little work is that it is an excellent compilation, and this we submit would not be considered faint praise if applied to any work of its class. The illustrations are very clear and well executed, and the book replete with practical hints; while to one who has not had a more extensive experience than most general practitioners acquire, it will prove a valuable aid and a helper out of many aggravating emergencies. While there are other works of its kind there are none which more effectually do what it claims to do.

PRESCRIPTION AND SILICATE CASE RECORD—By Joel A. Miner, Ann Arbor, Michigan.

Mr. Miner's application of carbon paper to prescription writing is a good idea. By means of it a copy of every prescription is taken at one writing. Physicians should keep copies of prescriptions, and their only excuse for not doing so (too much trouble and lack of time) is now removed.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

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MEDICAL LEGISLATION IN MICHIGAN.

In a previous number we called attention to especial and peculiar reasons, which have arisen during the last two years, why steps should be taken towards securing legislative action regulating the practice of medicine in this State. One of these reasons was the fact that bordering States, having adopted medical acts, those who have been unable to meet these requirements have imposed themselves upon us, and the consequence is, we are infested, as never before, by a horde of mountebanks. In the same number we suggested that physicians should exact of candidates for seats in the Legislature a pledge to support such measures as may be introduced at the coming session looking to the correction of the growing evil.

From communications before us we learn that this suggestion has, in many sections, been adopted, and that a goodly number of the members of the next Legislature are pledged as above. Dr. T. H. Briggs, of Mattewan, writes us that, in Western Michigan, there are many members pledged. We are advised, also, that necessary preliminary steps are being taken by the profession, in many sections. Notably in Berrien County has the movement taken definite form. Dr. J. D. Bowman, President of the Berrien County Medical Society, in a communication before us, states that it is the opinion of his society, expressed at a meeting on the 13th ultimo, that the demand for legislation should come from the people, and to that end petitions should be circulated for signatures, with a view to offering them to the Legislature, through the representatives from the various districts. The plan strikes us as a very correct one. The local medical societies are the ones to prepare and circulate such petitions, and we hope that such action will be taken forthwith, as there is no time to be lost.

Of course it is not practicable, at this late day, to submit with such petitions any form of a bill, and it would, perhaps, not be admissible to do so, even if it were practicable.

The particular form of the bill must be an after consideration. This much ought, however, to be understood: The Legislature must make no distinction as between the different "schools" of medicine. All that can be asked for is that a guarantee be required of every practitioner that he is properly educated in the fundamentals of medicine. It will not do to attempt any discrimination, and the practice must be left, as now, to each individual's predilection.

A law similar to that of Illinois is as much as could be asked to commence with. This provides for the creation of a central board of examiners, similar to that provided for under the Ontario act. There will, of course, be objections to such a board on the part of the more bitter opponents of irregular medicine, but we apprehend that there is an overpowering good sense on the part of the general profession which will bear down all such narrow objections.

The Illinois law divides all practitioners of medicine in that State into two classes: First, practitioners of two or more years' standing, within the State, and those who have been practicing less than this time. The second classes are again subdivided into two sections: First, those who are graduates of legally chartered institutions; and, second, those who are not thus qualified. The latter section are required to undergo an examination by the State Board. Another provision of the act is that all physicians and midwives are required to register their names and post-office addresses with the County Clerk.

These are the general features of the act. We do not purpose to discuss them, but merely submit them as a basis for the drafting of a bill for the action of our State Legislature, at its coming session. All friends of true progress in medicine could desire something more rigid, but the asking must be judicious —it must not overleap itself. J. J. M.

THE PUBLIC HEALTH ASSOCIATION AND YELLOW FEVER.

The American Public Health Association has held its annual meeting at Richmond, Va., and adjourned. As the history of the late epidemic of yellow fever was to constitute the great subject for elucidation and discussion, the medical profession, as well as all citizens who are interested in the causes and prevention of disease, naturally looked forward to the findings of this august body on this particular question.

We have to own to a disappointment at the result, as we only learn "That the yellow fever of 1878 was a specific disease not indigenous to, or originating spontaneously in, the United States, and its appearance in this country during that year was due to specific causes."

True, the Commission came to the conclusion that the fever was brought from the West Indies, but whether in May or June they do not know, while the epidemic itself began about the middle of July. No information is given or reasons assigned why such an active disease should lie dormant for so long a time, and during such a warm season before manifesting itself, and then to spread so rapidly throughout such an extent of country. There is a valid excuse for the commission of experts, and they should have seized upon it before making their report, viz: That they had not had sufficient time to make a thorough examination into the essence of the disease as to enable them to make a report sufficiently exhaustive to be received by the profession and community as entirely satisfactory—they having had only six weeks to perform their duties. However, the report of the Commission will do much good as far as gone, and if the Convention can induce the Government to carry out their fourth resolution, the time may come when we shall all know the facts pertaining to the yellow fever epidemic of 1878. W. B.

The article in the present number on *Thuja Occidentalis* will doubtless excite comment. We will anticipate any suspicion as to the competency of the writer to make a correct diagnosis, by remarking that Dr. Rice is a regular practitioner, that he served as surgeon of an Ohio regiment during the war, and that he has subsequently occupied the position of lecturer in two reputable medical colleges. The fact, also, that the diagnosis was corroborated by Prof. Weber, of Cleveland, will remove from most minds the suspicion of error.

The present issue of the News comprises 25,000 copies in addition to the regular list. We have sent a copy to every physician whose address we have been able to secure, in the States of Illinois, Indiana, Ohio, Pennsylvania, Iowa, Minnesota, Wisconsin, Kansas, Nebraska, Missouri and Michigan, and in the Province of Ontario, besides distributing about two thousand copies to other States.

We respectfully ask a careful perusal by those who may receive these copies, and after that—we should be pleased to receive the remittance of one dollar. The rapidity with which the circulation of the News has increased has been a wonder to even ourselves; but we are not yet satisfied. Our ambition is, while furnishing the best journal for the least money, to lead all others in the point of circulation—an ambition which is in a fair way of being realized, although we have been in the field but a single year.

ORIGINAL ARTICLES.

THUJA OCCIDENTALIS IN EPITHELIOMA—WITH A CASE.

BY DR. JOHN B. RICE.

The following report of a case, believed to have been epithelioma, which recovered while under medical treatment, and without surgical interference, is communicated at the suggestion of a number of friends, some of whom watched its progress with me.

Mr. B., a gentleman aged 72, consulted me in April, 1876, respecting a small ulcer, situated on the gums in front of the two middle lower incisors. The sore was not the seat of severe pain, but had been annoying the patient for about six weeks previously, when it had first attracted his notice, and when, according to his own description, "it appeared like a small blood blister." After it began to ulcerate, he called it a "canker sore," and resorted to solutions of alum and borax

and an infusion of golden seal, and, perhaps, to some other remedies in common use among the people.

When I first saw the ulcer its edges were thickened, and there was an excavation sufficiently large to easily accommodate a grain of corn. Beyond its border the tissues presented a natural appearance; there was no congestion or inflammation affecting them, and the alveolar process was apparently sound. The idea of malignancy did not occur to me. I accordingly made a careful application of the solid nitrate of silver, and repeated it twice or thrice at intervals of three days. And, although the general health of the patient seemed to be very good, I thought best to prescribe iron and quinine. Following the local applications, however, the ulcer got worse instead of better; it gradually enlarged and emitted a suspicious fetor. The lunar caustic had not affected the parts sufficiently deep, or, at all events, had failed to exert a favorable change in the action going on in them. I did not feel justified in continuing its use, or changing to a more potent agent of the same class. Having, however, previously had encouraging experience with iodoform in phagædenic ulcers, I now covered the sore with that substance, and directed the application to be repeated three or four times daily. A mouth wash, consisting of a solution of chlorate of potassa with a small proportion of carbolic acid, was ordered to be used occasionally. In spite of thorough perseverance with these measures, the ulcer gradually extended. At the expiration of four months from the time it first attracted the attention of the patient it was fully an inch in length by three-fourths of an inch in breadth, involving the gums both in front and behind the incisors (which, having become loose, had been extracted), as well as all the tissues, quite through to the integument covering the chin. The borders of the ulcer were thickened. The sublingual glands were considerably enlarged.

The condition of affairs was still more aggravated, when, a few weeks latter, Prof. Weber, of Cleveland, was called in consultation. He was quite decided in the opinion that it was a case of epithelioma. This eminent surgeon deemed an operation the only probable resource; but, owing to the age, and especially the reduced and cachectic state of the patient, and the uncertainty of being able to remove the affected tissue entirely, he did not urge such a procedure. Several other very intelligent and experienced medical gentlemen who saw the case entertained, without exception, a similar opinion.

The case continued to progress unfavorably until the gums, and alveolar process, from the left canine to the last molar, and the corresponding inner buccal tissues, were all involved. The bone was crumbling, the sublingual and submaxillary glands were greatly enlarged and of scirrhus hardness; and the tongue was crowded upward to such an extent that it was with extreme difficulty that the patient was able to take sufficient nourishment to sustain life.

Such was his condition when I met Dr. A. C. Miller, of Cleveland, and incidentally mentioned the case to that gentleman. In the course of the conversation that followed he referred to *thuja occidentalis*, as having been employed by him with encouraging results in the treatment of malignant disease—his attention having been first called to the virtue of the drug in this class of affections by Dr. J. R. Leaming, of New York.

Within a very few days after my interview with Dr. Miller—as soon, in fact, as a saturated tincture of the *thuja* could be prepared, its administration was begun. My patient usually took fourteen fluid drachms daily of this tincture, which was made from the fresh leaves taken from a shrub growing in his own dooryard. Being rather pungent, it was always diluted with sugar and water. It was taken as frequently and in such quantity as he was able to swallow. A tolerably strong infusion of the thuja was also placed within his reach, and frequently used during the day and night as a mouth wash. He also occasionally resorted to the solution of chlorate of potassa with carbolic acid for the same purpose. In addition he received five grains tartrate of iron and potassa, one grain of quinine and one-fortieth grain arsenious acid, thrice daily. His chief nourishment was mush and milk.

The improvement was gradual. The tumefied glands grew softer and diminished in size. The ulcer assumed a more benign appearance, as also did the parts thickened by infiltration. The patient's strength increased, and there was remarkable relief from pain. He persevered with the treatment most heroically, under many discouraging circumstances; but, after the lapse of about four months, was happily rewarded by perfect recovery.

I last saw this patient July 15 of the present year, when he came to bid me good-bye on the eve of my departure for Europe. He was then enjoying excellent health, and there was not the slightest appearance indicating the presence or likelihood of a return of the formidable malady, which had caused him so

much suffering and his friends and medical attendant so much anxiety.

For the encouragement of others who may doubt the correctness of the diagnosis of this case, and, consequently, that any decisive advantage was derived from the *thuja*, I will add that towards the end of last winter I had the pleasure of receiving the assurance from Dr. Leaming that he had himself witnessed similar fortunate results during the treatment with the *thuja* of cases where his own opinion as to malignancy was supported by so eminent a surgeon as the late Gurdon Buck.

The following article from *New Remedies*, November, 1877, is of special interest in this connection:

"THUJA OCCIDENTALIS.—We have recently received a number of queries relative to the nature and uses of the arbor vitæ, and in our last number we gave formulæ for its preparation. Since then we have solicited from Dr. James R. Leaming, of this city, some information regarding it, and have received in reply the subjoined memoranda. Dr. Leaming is by no means an enthusiast concerning the value of the remedy, and does not claim for it any extraordinary powers, but he has for some years past been accustomed to use it occasionally, and says concerning it as follows:

"The fluid extract or saturated tincture may be given in drachm doses from three to six times daily.

"It may be given for malignant disease or for pulmonary hemorrhage, in a glass of milk or in cod-liver oil.

"It may also be applied to cancerous ulcerations or tumors. It may be applied in the cavity—in the os—or to the cervix of the uterus in malignant disease, or in non-malignant, when there is a flabby condition of the parts with a tendency to bleed; and also, under the same conditions to the throat. It may be applied to warts, especially to venereal warts.

"It may be given in amenorrhœa from simple causes, but does not affect a healthy gravid uterus.

"The elixir of thuja and glycerine is a more elegant mode of administering the medicine, and is a valuable substitute for cod-liver oil.

"The glycerole may be made into suppositories, or it may be mixed with the fluid extract, for application to the os uteri upon a pessary of cotton.

"This medicine may become very useful to the practitioner in the treatment of malignant disease, especially in diminishing tendencies to bleeding and rapid progress of the local disease. It also relieves the violence of pain. In some cases the disease has disappeared under its use—not always."

Regarding the properties of thuja, the wood when burnt gives off an agreeable smell, which led to its former use for sacrificial purposes. A salve made with the leaves used to be a remedy employed by the Indians for the relief of rheumatism, and a poultice of the leaves made with milk has been highly spoken of for the same purpose. By distillation the leaves yield a yellowish-green volatile oil, which has been used as a vermicide. Boerhaave praised the action of the distilled water as a remedy for dropsy.

Some years ago Dr. Leaming contributed to the *N. Y. Journal of Medicine* (N.S., xiv., 406), a paper on the use of thuja in affections believed to be cancerous, and in venereal excrescences, and in 1856, in the same journal, Dr. Benedict recommended the strong tincture as an emmenagogue.

Thus far thuja appears to have been employed empirically only, but it would seem, on reviewing the affections in which it had been of service, that its action may be explained by a property somewhat similar to that possessed by ergot, namely, of causing contraction of unstriped muscular fibres. This would explain, in some degree, its alleged power of controlling capillary hemorrhage, and the growth of vascular tissues like cancer and condylomata.

FREMONT, Ohio.

SIX CASES OF ULCERATION OF THE URETHRA IN THE FEMALE.

BY O. E. HERRICK, M. D.

There is a class of cases which travel from one physician's office to another, until they often go the entire rounds without receiving any permanent benefit for what they regard as a "uterine difficulty," and what many of their physicians believe, after a careful search, to be hysteria. To those physicians I would say, look into your patient's urethra before you pronounce the case hysteria. Each patient will complain of the same train of symptoms, such as frequent desire to urinate, which act will cause her great pain; and, although the bladder be emptied, she will experience little or no relief. There will be tenesmus and constant vesical irritation, with weight and dull "bearing down" pain in the pelvic cavity.

Last July, Mrs. G. called at my office, saying that she had been advised to call upon me by her physician, and have one of my "silver wire and soft rubber" pessaries adjusted. She had all of the symptoms enumer-

ated above, and informed me that she had had a displaced uterus for years, and had received treatment for it from many different physicians. Judge of my surprise upon making a vaginal examination, to find the uterus in perfect place. While making the examination, I noticed that the bladder was somewhat distended. Upon inquiry, she told me that she had only passed three or four tablespoonsful of urine in the last twenty-four hours; not from retention, but from the fact that each time she made the attempt she was forced to desist from pain. While getting these facts from her I accidentally passed my finger along the anterior wall of the vagina, over the urethra; the movement caused her great pain, and I found that the urethra was swollen until it presented to the finger in the vagina a ridge as large again as a lead-pencil, and the least pressure caused her excruciating pain. I then introduced the catheter, and the pain produced by that operation almost threw the patient into spasms. I drew off a large quantity of very offensive urine, after which I withdrew the catheter, and introduced a piece of glass tubing, one end of which was rounded. This was used as a speculum, and revealed, just within the meatus, an ulcer about one-quarter of an inch long, and extending half way around the urethra.

Since this case I have seen five others, in a period of four months, some of whom I had unsatisfactorily treated before; and, in each of the five cases I found an ulcer situated in nearly the same location, but deviating in size from a mere crack to that of the one described. In each case I touched the ulcer with nitrate of silver, and afterwards syringed out the urethra with a solution of tannic acid grs x, glycerin ʒ ss, water ʒ ss, carbolic acid gtts xv, used once a day. I also passed the catheter once a day, to prevent contraction of the canal by the healing of the ulcer. Four of these cases are now entirely well; two of them are under treatment yet. There are many causes for urethral ulceration, among which I have no doubt may be numbered uterine displacements, as in one of the cases which I treated there existed a prolapsus, and the pressure from the uterus upon the bladder, I have no doubt, aided in causing the ulceration. I introduced the pessary mentioned above in that case, and held the uterus in place until the ulcer healed. I then removed it, and she has had no return of either difficulty. Another case which I am treating is, I have no doubt, due to either syphilis or gonorrhœa, as she has had the first for several years, and has the second now. There are other causes in doubt, such as decomposing urine from long retention in the bladder, and which, on being passed, irritates the mucous membrane. Want of cleanliness, etc., which surely in woman *is* "next to godliness," is another cause.

GREENVILLE, Mich.

OPHTHALMIC FRAGMENTS.

BY EUGENE SMITH, M.D., DETROIT.

Oculist and Aurist to St. Mary's Hospital, Surgeon in charge St. Mary's Hospital Free Eye and Ear Infirmary.

THE ACTUAL CAUTERY IN EYE DISEASES.—The July and August No., 1878, of the *Annales d' Oculistique* has a long article upon the use of the actual cautery in ulcerations of the cornea, which have proven rebellious to all the forms of treatment usually adopted in such cases, and makes mention of its efficacy in some forms of granulations. Having had under observation for over a year a severe case of trachoma, wherein the neoplastic formation had the appearance of condylomata, which had defied all forms of treatment in other hands as well as mine, I concluded to give the hot iron a trial if the patient would submit. The following paragraph is so like my own experience that I translate it:

"When I commenced using the hot iron many imaginary obstacles surrounded the manœuvre. I acted with apprehension. I informed the patient, who would with difficulty submit to a measure the very idea of which would frighten the bravest. Experience having dissipated all fear, I now proceed to the application of the actual cautery with as much simplicity as to the instillation of atropia drops."

In the case above mentioned, five applications at intervals of several days of the red-hot iron have caused the disappearance of the disease, and I consider the case *cured*.

For the application, a strabismus hook answers the purpose perfectly. The merest touch is all that is required, and the patient absolutely *feels nothing*, though the well-known hissing, caused by the contact of hot iron with moisture, is distinctly heard and causes the patient to start a little, but there is *no pain*. One would very naturally suppose the proceeding to be very painful; the fact is that it is the least painful of all the caustics, and I look upon it as a very great addition to ocular therapeutics.

ARREST OF DEVELOPMENT OF THE EYES.—A German child, two weeks old, born of parents living five miles from Detroit, on the Chicago road, was brought to me, Nov. 15, to have its eyes examined. The history was that "the child had never opened its eyes." The appearance of the child was somewhat striking on account of the contrast between

the upper and lower parts of the head and face. From the cheek bones down the face was full and well developed; upwards, from the same point, the head appeared small and contracted; the portions appeared as if belonging to children of different ages.

The eyelids were perfectly developed. The eyeballs were rudimentary. The right one was about the size of a dried pea; cornea and iris present, though rather microscopic; no pupil. The left eye differed only in size, being a trifle larger. The child yelled lustily when I touched it, but there was *no escape of tears*, the lachrymal gland being evidently implicated in the arrest of development.

No. 95 Fort street west.

MISCELLANY.

Singular Plan of Counter Irritation for Stings.—The Southern darkey, to cure a toothache, will put a piece of red pepper in his eye. We had always taken literally his explanation, that he "soon done got enuff to do with that eye, dat dar waa'nt no time to think of de tooth." But according to Dr. Lucas, of the Bombay army, the proceeding is rational, after all. This writer describes a similar treatment for scorpion stings. He says: "The sting is at first like the sharp prick from the point of a needle or a finely-pointed nail, and in a very few seconds it assumes a very agonizing form, as if innumerable pins and needles were thrust into the part. It then shoots up the limbs, along the course of the main nerve-trunk, and is afterward of a darting and most excruciating nature, reaching its climax in from three to five minutes. When a pinch of powdered alum is put into the eye (the eye of the affected side being preferable), the pain of reflected irritation ceases almost instantly as the conjunctival mucous membrane begins to smart; the local pain, perhaps less severe than before, gradually subsides after some hours, and its disappearance is I am inclined to think, expedited by firm and steady pressure. In regard to the *modus operandi* of the alum cure, I will refrain from saying anything beyond that it probably acts by distracting pain and irritation elsewhere.—*Med. & Surg. Reporter.*

Decline of Homœopathy.—Were we to write anything like the following we should be charged with unfairness and misrepresentation, or, perhaps, in the elegant language of a certain distinguished homœopathic professor of surgery, with "giving expression to bigoted and slanderous statements." The extract is from the *Homœopathic Times*, the leading organ of homœopathy in this country:

Accessions to our ranks are derived from only *two* sources: those who are educated under homœopathic auspices, and converts from the so-called regular school. Of the first class named, those who have graduated from our own medical schools, there were the present year only three hundred and nineteen, a number so small as to be scarcely sufficient to fill the places made vacant by death and other causes. It is plainly apparent, therefore, that recruits from this source must be largely increased, or else we must depend chiefly on the second class mentioned, viz., converts from the so-called regular school.

On even a cursory examination in this direction, the result is exceedingly unpromising. Those of us who were participants in the contest between the two principal rival schools can vividly recall the scenes which occurred twenty and even fifteen years ago. Then there were constant accessions to our ranks from those of our opponents. Desertions were so numerous as to impair the strength of allopathic legal organizations, and, in some localities, seriously threaten their existence. At the present day the exodus has nearly ceased. The comparatively few converts who are willing, openly, to admit their belief in homœopathy, may be numbered by tens, while formerly there were hundreds.

Whatever the influences have been which have checked the outward development of homœopathy, it is plainly evident, that the homœopathic school, as regards the number of its openly avowed representatives, has attained its majority, and has begun to decline both in this country and in England.

The February number of the London monthly *Homœopathic Review* contains the following significant statement: "The number of those who are ready to assert their confidence in homœopathy may not have increased of late years, it may possibly have diminished," etc., etc.

Dr. Drysdale, in the *British Journal of Homœopathy*, writes very despondingly: Our numbers are not only not increasing in proper ratio, not even increasing at all, nay, even *actually diminishing*.

Western Michigan Medical Society.—The Western Michigan Medical Society met in the parlors of the Chaffee House, Allegan, on the 20th ult., with a fair attendance. Some new members were admitted, and an interesting paper on wounds of the knee joint, chiefly

describing seven cases in the writer's practice, was presented by Dr. John Brady, of Grand Rapids. This paper was discussed, more or less thoroughly, during the afternoon session, and the statement of the author "that accidental injuries to the knee joint, such as cuts opening the cavity, will, with *rest* and an *immediate closing of the wound*, most always result in restoration of the joint, and that suppuration or inflammation are not necessary results of such accidents," seemed to be acquiesced in, and corroborative evidence brought forward.

Dr. Milton Chase, of Otsego, related the method he recommended a brother practitioner to use in a case of strangulated hernia, irreducible by taxis as ordinarily applied, as follows: Aspirate the tumour; if not provided with an aspirator, use hypodermic syringe or exploring needle, and tumbler as a cupping glass. If not successful, take a bowl with a rim around its base, exhaust as for cupping, and apply over abdomen, and then use as a tractor to increase the capacity of abdominal cavity. This last was successful after the aspirator had withdrawn several ounces of fluid from the tumour.

Some discussion followed on the best treatment of fractured femurs, in which Dr. Decamp, of Grand Rapids, made the statement that the use of the double inclined plane, suspended from the bed over a pulley supported on a frame, and weighted just enough to counterbalance weight of limb, gave the best results with a minimum of shortening; stipulating that the thigh board should project beyond the tuberosity of the ischium, and that the supporting pulley be some distance from the fracture, and so placed that the traction should be in a line with the fractured bone.

The next meeting will be on the 19th of February next, at Grand Rapids.

We have had quite an exciting trial here during part of the past two weeks, before Judge Holmes, of the Superior Court. Dr. Jacob Bentum was arraigned on a charge of manslaughter, by committing abortion on the person of the late Mrs. Zierlyn. Many of our prominent physicians were called, either as experts or witnesses in the case, which resulted in a verdict of guilty by the jury. A petition for leniency was shortly afterwards signed by many of the doctor's friends, and the Judge sentenced the doctor, this day, to pay a fine of $500, which was done at once by his friends. A. H.

Litholapaxy.—Dr. Bigelow, of Boston, recently returned from a visit to Europe, in the course of which he took occasion to demonstrate to the leading English surgeons his new method of lithotrity at a single operation. Notwithstanding that there has been a growing feeling in favor of lithotomy as compared with lithotrity in England, Dr. Bigelow's method met with a very favorable reception. The London *Lancet* says of the meeting of the Clinical Society of London, before which Dr. Bigelow appeared:

"The real interest of the evening commenced just before the usual hour for adjournment, when Dr. Bigelow was asked to give his demonstration. His operation is not a new one in principle; it is a development of lithotrity, as at present performed, in conjunction with the use of Clover's syringe. Perceiving that two of the obstacles to the success of lithotrity are the repetition of the "sittings" and the presence of sharp fragments of stone in the bladder, he crushes the stone at one "sitting," or in cases of large calculi in two, and at the time of operation removes all the fragments and debris. He has modified the lithotrite, so that the "catch" is secured by a slight rotation of the wrist, while by lengthening the female and having wedge-like serrations on the male blade he has rendered it impossible to seize the mucous membrane of the bladder, and unlikely that the instrument will become clogged by debris. The instrument, in fact, can do its work quicker than any other, which is a most important consideration when a stone has to be completely crushed at one sitting. The fragments are removed through a tube of larger calibre than is in common use in this country,—No. 31 French,—a size with which Dr. Otis has made us familiar, and Dr. Bigelow prefers a straight tube. The syringe with which the stream of water is forced to and fro is an elastic ball, which is fixed on a small stand, and worked with far greater ease than Clover's. Special precaution is taken not to over-distend a small bladder. The reasoning on which Dr. Bigelow has based this operation is sound, and no one who saw his apparatus can fail to admire the beauty of the means he employs. Thus far the success of the operation has been very good, and the fear that some entertained that the bladder would be injured by the prolonged operation has not been realized. We cannot but think that this development of lithotrity will introduce a new era in the treatment of stone, and we await with considerable interest the results of its adoption by English surgeons."

An Ancient Remedy for Epilepsy.—Dr. John E. West, of St. Clairsville, Ohio, has been rummaging among ancient medical records, and has unearthed the following, which

was considered a famous anti-epileptic powder in its day (A. D. 1678). Dr. West communicates it to the *American Practitioner:* Take the secundines of a woman of sanguine complexion, brought to bed of her first child, being a boy, dried and cleansed from the membranes, an ounce; roots of white piony, and seed of the same, of each half an ounce; shavings of a man's scull, put to a violent death, shavings of a unicorn's horn, hoof of an elk, missleto of the oak, roots of wild valerean and swallow roost, of each three drams; pearls and coral prepared, contrayerba stone, white amber and seed of goat's rhue, each two drams; oriental musk and ambergrise, of each one scruple: mingle them, and make a powder for use.

Dr. Aikin and the Illinois State Board of Health.—Country editors in numerous parts of Michigan will remember, from certain unbalanced advertising accounts on their books, a certain N. J. Aikin, formerly of Grand Rapids, but more recently of this city, whence he removed to Chicago. This same individual, after securing the license to practice from the Board of Health, which the law now requires in Illinois, commenced a repetition of the advertising he resorted to with impunity in Michigan. The licensing power, after vainly remonstrating with him, threatened to revoke his certificate, whereupon Aikin applied to the courts for an injunction prohibiting the Board from thus depriving him of his license. The case was one which excited considerable interest both among the laity, who generally sympathize with this species of quackery, and among the profession from the fact that it was a test case, and the first that had arisen under the new law. The trial resulted in the overruling of the motion for an injunction. Aikin will therefore be obliged either to conduct himself as the code and usages of the profession prescribe, or take in his flaming shingles.

We congratulate the profession of Illinois on the happy issue of this test case, and sincerely hope that our Legislature, at its coming session, will give us in Michigan the like power to prohibit charlatanism.

Eucalyptus as a Substitute for Quinine.—Dr. Ralph C. Huse, of Georgetown, Mass., writes:

I desire to bear witness to the value of your journal in provoking discussion on our many-sided calling, and, perhaps, to give a word of testimony in relation to Eucalyptus Globulus as a tonic and appetizer, to be used frequently where we now use quinia. I have treated considerable typhoid fever with this alone as a remedial agent, and with good results as regards the diminution of the diarrhœa, and in an increase of the tolerance of nourishment. In combination with hydrastis canadensis it is a very fine tonic in gastric catarrh, with a feeling of distress after eating. In fact, I give it in place of quinia as a stomachic or appetizer.

I am much pleased with the treatment of diphtheria, as given by Dr. H. A. Eberle, of Iowa, in a late number of the News, but I cannot bear witness to the same success which he has met, although I have used that treatment for many months with but this variation, I have added Lugoli's sol. to the carbolic solution. I hope to hear still more on this and kindred subjects.

Connection Between Meningitis and Disease of the Middle Ear.—At a recent meeting of the New York Neurological Society, Dr. Shaw threw some light on the manner in which meningitis is apt to follow disease of the middle ear. In three autopsies he had been able to trace the pus along the Gasserian ganglion, and to the fifth nerve. This discovery may tend to convince some practitioners that there is real danger in allowing a discharge from the ear to continue. We have seen some lamentable consequences of neglect in this matter.

PARAGRAPHS.

The London *Lancet* reports a post mortem on a man forty years of age who had never had cyanosis, notwithstanding the autopsy revealed an entire absence of the auricular septum.

Codeia in one grain doses so completely stopped the vomiting and pain in a case of cancer of the pylorus, under Dr. Austin Flint's care, that the patient thought the tumor was decreasing in size.

"What ought I to take or to do when my feelings of exhaustion come on?" asked a patient of his physician, who was a sensible man, as his reply indicates "Go and lie down, like any other beast."

In consideration of her husband's eminent services on behalf of the State and science, the German Government has continued to the widow of Rokitansky his pension, besides conferring on her "a special donation." Notwithstanding his many positions of trust, Rokitansky died a poor man.

Gnoscopine is the name which T. and H. Smith, the well known English chemists, have applied to a new alkaloid of opium

which they have discovered. It takes the form of long, thin, white needles, having a wooly character when dried. It takes 1,500 parts of cold water to dissolve it.

The prospectus for 1879 of *New Preparations*, published by Mr. G. S. Davis, of this city, is just out. It has on its clubbing list the most complete list of journals (American and foreign) we have ever seen. Copies will be sent on application.

We cordially endorse the action of the Public Health Association in the appointment of the committee of five to urge upon Congress the necessity of the early publication of the catalogue of the Army Medical Library, and respectfully ask the Senators and Congressmen from Michigan to give the matter their earnest support.

The San Francisco *Chronicle* reports that the mortality in that city, for the week ending November 23d, was greater than that for any week during the year. A week previous a medical college on the Pacific slope turned out thirty new doctors, and the *Chronicle* maliciously insinuates that the two events bear the relation of *cause and effect.*

The *American Medical Bi-Weekly*: (1.) Practical success in life depends more upon physical health than is generally supposed. (2.) The success of local professional men depends in no slight degree on their physical health. (3.) The greatness of our great men is quite as much a bodily as a mental one.

Dr. Carl Warburg, the author of the formula for the tincture bearing his name, is in indigent circumstances. He lived affluently from the profits of the sale of his tincture, as long as he kept his formula to himself, but when he became "ethical," and published his secret, his occupation, like Othello's, departed.

The *Medical Journal Advertising Bureau Gazeteer* is the name of a new quarterly journal issued and edited by Dr. C. W. Bernacki, of the New York Medical Advertising Bureau. Subscription price, 25 cents per year. It is a very neat little journal, of twenty-four pages, and, besides its special features, it contains much matter of general interest to the profession.

Dr. E. S. Gaillard, after an enforced absence from the editorial chair, on account of ill-health, has returned to his post. Dr. Gaillard is one of the few men who understand what a good journal is, and have the ability to edit one. The *American Medical Bi-Weekly*, under his management, is a model journal, and we hope his health has been sufficiently improved by his long vacation to make his labors pleasurable.

The Chicago *Times* accuses Secretary Evarts of much egotism in his letters to Lord Salisbury on the fish question. It intimates that the Secretary is the champion big "I" man. While we do not deny that he made very free use of the "cap's" in his letters, we cannot concede to him the championship; the belt belongs, beyond the shadow of a peradventure, to the heavy (?) weight of our city contemporary, the Detroit *Lancet.*

The *Southern Clinic*, No. 2 of Vol. I. of which has been received, is the name of another new journal. It disclaims all affiliation with school or clique, and stands independent and unbiassed. It is edited by Drs. Bryce and Wheat, of Richmond, Va. If multiplicity of journals is an evidence of professional prosperity, the medical profession was never before so prosperous as now. We hope the *Clinic* may also prosper.

Dr. Hammond has brought an action for damages against Dr. John P. Gray, editor of the American *Journal of Insanity*, for alleged libellous statements in a communication from Dr. E. Grissom, published in Dr. Gray's journal. This action is a fitting denouement of the warfare of words which has for so long been waging between Drs. Hammond and Grissom, although it seems hardly just that Dr. Gray should be called upon to answer for Dr. Grissom's utterances.

Scene in "the sweet bye and bye."—*Dramatis personæ:* three scientific gentlemen, known respectively as Proctor, Hughes and Edison. First s. g.: "There's a steeple five miles off, and I see through my telescope a fly walking on it." Second s. g.: "I can't see the insect, but I can hear him through my microphone." Third s. g.: "I can neither see nor hear him, but I can tell with my thermophile the amount of heat generated by the friction of his movement; and, by attaching my phonograph to your microphone, I can bottle up the sound of his walking, that it may be preserved and reproduced a thousand years hence."

The late Dr. Washington L. Atlee, in his will provided for the remission of all charges on his books against "clergymen and their families, physicians and their families, indigent widows, indigent single women, and female servants," and some journals are publishing this portion of the will, evidently as a compliment to the distinguished surgeon's memory. For our part, we are surprised to learn that there are any such charges on his books. It certainly is not customary in this section to make them.

The following is the joint production of Drs. Prizer and Terry, of Brighton, Iowa, who patriotically comes to the assistance of a citizen of their commonwealth:

"In the publication of the letter from F. Bothe, of Iowa City, in which you expressed a hope that some of your numerous readers might diagnose the obscure case and suggest a remedy, we have, after mature deliberation, and severe mental parturition, arrived at this conclusion: the broncheo went down the bronchio, through the œsophagus, and produced gastro malachi. As regards treatment, we suggest: Equalize the circulation, give santonine, and *look upon fever as a friend.*"

Dr. Joseph Workman, ex-President of the Canada Medical Association, pays the following beautiful tribute to a predecessor in his chair, the late Dr. Hodder: "A warmer friend, or more generous and frank opponent, (I say not enemy, for he was above enmity) I have never known, and I have in my time stood towards him in both positions. His friendship was no slipshod, crafty, poison-hiding utilization of his fellow-men, but the irrepressible impulse of an honest and honorable heart; and as to his antagonism, it was as open and earnest as was his jocund, rosy face. To say he was faultless would be to libel humanity, for lifeless are the faultless." —*Canada Lancet.*

The *King's County Proceedings* cites a case in which a feline was felt by feelin' when nothing else could be felt: Lewis Webb, of Georgia, has had both motor and sensor paralysis of legs and feet for many years. The members are dead to all feeling, with the exception of that of the contact of feline. He can drive a knife into his foot without sensation, but the slightest touch of a cat, even if he (Mr. Webb, not the cat) has stockings on, and is blindfolded, is instantly felt. The contact sends prickly sensations all through the foot. Here is comfort for old maids, and an excuse for their pets: there are chords, in the human foot at least, which only a cat can touch.

A lady's maid visiting with her mistress at the residence of a celebrated surgeon, then deceased, noticed the classic invitation, "salve," upon the hall floor, and in the parlor a picture of Cleopatra applying the asp to her beautiful bosom. Whereupon, with that quick but not always correct woman's intuition about which we hear so much now-a-days, she confidently, but in all innocence, inquired, "Dr. —— was a physician, was he not? I felt sure he was when I saw *salve* on the entry floor, and then that poor thing in the parlor, with her broken breast, and the leech in her hand. I knew he must have been a doctor."

BOOK NOTICES.

ON REST AND PAIN, a Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic value of Pain. By John Hilton, F. R. S, F. R. C. S., Surgeon Extraordinary to Her Majesty the Queen, etc. 300 pp. 109 illustrations. New York: Wm. Wood & Co.

This is the January volume of William Wood & Co.'s subscription series, for which the profession has been for some time on the *qui vive.* When it was announced that this series of 12 volumes was to be furnished for $1 each, we never imagined that such a book as that before us would be supplied. It is an octavo volume, of 300 pages, printed on as good a quality of paper, and bound in as good a cloth binding, as any book in our library. We are surprised that such a book can be furnished for the money.

Of the subject matter of the book, we can only at this time refer to its author's name, and the fact that the work has been received by the profession in England with much favor.

To meet the views of all classes, Messrs. Wood & Co. have concluded to take subscriptions: 1. The $12, payable on the delivery of the first volume, in which case the volumes are all delivered *free*, by mail, from New York. 2. Payable $6 semi-annually, in January and July, in which case the subscriber pays express charges on the January and on the July volumes, the other volumes being sent *free*, by mail. 3. Payable monthly, at $1.25 per volume; in this case the volumes are each delivered *free*, by express or carrier, C. O. D.

This is an opportunity which none should let pass unimproved.

THE CELL DOCTRINE: Its History and Present State, for the Use of Students in Medicine and Chemistry. 200 pp.; illustrated. By James Tyson, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania. Second Edition, revised, corrected and enlarged. Philadelphia: Lindsay & Blakiston. Detroit: E. B. Smith & Co.

From his relations to students, Prof. Tyson is in a position to judge of what is required in a work of this nature. And it is not students only who may read this book with profit; it gives, in concise and readable form, a complete resume of the literature on cells,

and those whose tastes lead them to a study of this important subject will find the work a valuable aid.

PHYSICIANS' DAY-BOOK. By C. Henri Leonard, M. D.

Dr. Leonard, being a practical physician, knows just what is needed in this line, and he has supplied it. For neatness, convenience and cheapness it is equaled by few, and surpassed by none in the market. With this Day-Book, and the Ledger by the same author, that bugbear of a doctor's existence, book-keeping, is shorn of its terrors.

SELECTIONS.

ALCOHOL AS AN ANÆSTHETIC.—The following is a short communication by Alexis Horvath, (of Kieff) in the *Gaz. des Hopitaux* No. 105, Sept. 10, 1878: Knowing the painful sensation experienced by immersion of the hand in water at a temperature of 0. Cent., I was much astonished not to experience the same sensation with the hand in alcohol, the temperature of which had been reduced to—5° Cent. The discovery of this curious fact, which was made by me as early as 1869, led me to undertake some experiments, of which I give briefly the results. When the finger is held in sulphuric ether or mercury at the temperature of—3° C. the same painful sensation is experienced as when it is immersed in water at zero C. On the other hand, when we plunge the finger, even for a longer time, into alcohol or glycerine at the temperature of—5° C. we feel no pain. A prick in the finger, while it is immersed in cold alcohol, produces no pain, and only a sensation of contact, thus proving that there is a distinction between the sense of tact and that of pain, and affording us the means of proving it. It is seen thus that pain is not the sense of tact intensified, but rather an altogether different sensation. These experiments demonstrate that it is not merely the cold that plays a part in the production of anæsthesia, but also the liquid employed; in this regard the various liquids act differently. Inasmuch as death following severe burns is partly attributed to the intense pain which accompanies them, I was led to utilize alcohol in their treatment. I have had numerous occasions to recognize its efficaciousness; among others in a child burnt in the hand (to the second degree) the pains disappeared at once on plunging the hand into alcohol, to reappear again on its withdrawal. Moreover, I observed that burns submitted to this treatment were cured in much less time than those treated otherwise. Anæsthesia by cold (according to the methods of Richardson, etc.,) though known and appreciated for a long time, is relatively little employed, solely on account of the inconveniences of the procedure. These inconveniences, joined to the above observations, have led me to attempt a work on anæsthesia by cold in grand operations, and in extensive burns located elsewhere than in the extremeties.

A NEW METHOD OF PERMANENTLY REMOVING HAIRS.—Dr. L. Duncan Bulkley, in the *Archives of Dermatology* for October, describes a method of removing hairs, which he claims as effective and original. He reiterates the unfavorable experience of all who have tried the methods commonly resorted to for removing hair from objectionable places, the upper lip of ladies for instance. Before resorting to the plan he recommends, he despaired of permanently relieving this deformity. Now, however, he undertakes the removal with good hopes of permanent relief. His plan is founded upon the idea of reaching down into the follicle, after extracting the hair, and thoroughly breaking up its bottom and side, thereby exciting an inflammation which seals it from its base to its orifice. This is accomplished in the following way: A small three-sided, straight, surgical or glover's needle is firmly inserted at its blunt extremity in a convenient handle, the smaller the better. The one which I use was made for holding a needle to be employed in manipulating microscopic preparations. The edges of the needle should be sharp, and may require grinding even when new. A good pair of epilating forceps are also required; their edges should be well fitting, and such as will not cut the hair, and the spring should be rather weak, that it may not tire the hand unnecessarily.

The needle in its holder being taken in the right hand, as one holds a pen, a hair is seized with the forceps in the left hand, and the point of the needle is engaged in the orifice by the side of the hair, before the latter is extracted. Gentle traction is then made upon the hair, and, at the same time, slight pressure upon the needle, and as the former slips out the latter readily enters the follicle for a little distance. It is then thrust in to a little greater depth than that occupied by the hair, as shown by the root-sheaths on the extremity of the latter, and with a delicate touch it may be readily perceived when it has gone to the bottom, or rather when it has penetrated the latter a little, and its sides are closely embraced by the follicle. A little experience soon shows this, and the error can be

made of not having the needle penetrate deep enough far more easily than that of going too deeply. A clean needle can do little if any harm, even when piercing the entire thickness of the skin.

When the needle is fairly in the follicle, it is given a number of turns or twists, by rotating the handle between the thumb and forefinger, and when it is withdrawn the sharp edges of the needle are seen to be filled with epithelial debris scraped from the sides of the follicle, and very shortly after a drop of blood or serum is seen to issue from the orifice of the recently irritated follicle. Occasionally blood will follow immediately, and if it is not controlled, in considerable quantity, but this need never give trouble, for it is readily arrested by a firm pressure with the finger, with a little ordinary picked cotton or styptic cotton. I have considered it better when but a little blood followed the needle, or when only serum was observed after a few moments, because when there is a larger flow of blood it indicates rather that the needle has missed the follicle, and either gone one side of it, or penetrated its walls, and has failed to reach the bottom, where the new hair takes its origin; though of course it is quite possible to penetrate through the base of the follicle and pierce a little artery below. In by far the larger number of insertions of the needle I do not draw any blood, but only observe the serum exuding soon after each puncture.

Belladonna Hypodermically Administered in Congestive Chills.—Dr. T. W. Rankin, of Kirkersville, Ohio, calls attention, in the *Ohio Medical Recorder*, to the action of belladonna, given hypodermically, in congestive chills. In four well-marked cases in which he employed it, the most prompt relief followed. We transcribe his report of one of these cases :

C. J., aged 26, married, of fine physique, an engineer by occupation, had been having ague at stated intervals for several weeks, was found, on the morning of the 17th of July, not far from his engine, in unconscious condition. Was carried to a house hard by, and myself sent for. Saw him a few minutes later, in a state of almost complete collapse. When aroused, which was difficult to accomplish, there was slight twitching of the muscles of the lips, as if to speak, but articulation was so imperfect and unconnected as to render impossible all attempts at conversation. There was no radial pulse; breathing hurried and shallow; eyes staring and congested; extremities icy cold, with no apparent power to move them. The features were pinched and ghastly. Cold sweats now came on, and the patient passed into profound coma. Recognizing the character of the trouble, I immediately administered, hypodermically, 10 drops tr. belladonna, repeated at short intervals till pulse became distinguishable. This treatment was kept up with heat and friction to the surface till the paroxysm ended, when sufficient quinine was given to prevent another.

The Action of the Tincture of Iodine upon the Uterine Neck.—The tincture of iodine does not act the same upon the healthy neck and on the diseased one. If the tissues of the neck are healthy, the coloration produced by its application is a uniform dark brown; if there is the least ulceration, there is produced a yellowish coloration, in contrast to the brown of the neighboring parts. Every granulation or vegetation becomes yellow, and not brown. After the application of the actual cautery, which M. Laboulbene strongly recommends for ulceration of the neck, the cauterized part only is made yellow by the tincture so long as it is not healed. After cure the neck gradually becomes brown on the application of the tincture. If the neck is large, without being ulcerated, and if the tincture of iodine brings to view little yellowish spots, we must suspect a neoplasm, and expect in a short time to have ulceration of the places where the tissue is colored. It is easy to see the utility of this application in the diagnosis of uterine affections.—*La France Medicale.*

Treatment of Wounds by Salt.—M. Houze, in a paper (*Rév. Scientifique*, Aug. 31), read at the French Association, stated that he had met with great success in treating wounds with abundant purulent discharge and purulent collections by means of a saturated solution of salt. He attributes its beneficial effects to its antiseptic action and to the density of the solution. If we place some pus and a solution of chloride of sodium in a test-glass, the pus soon appears at the surface of the mixture. M. Cabello, of Madrid, stated that he had employed sea-water in the treatment of atonic ulcers with good effect. M. Rochard, on the other hand, stated that he had found that the little ulcers sometimes forming on the feet of sailors become transformed into chronic sores when the feet are exposed to the action of sea-water, so that men having such ulcers are obliged to be exempted from service. M. Lecadre has often seen sea-water employed with benefit in the treatment of wounds.—*Med. Times and Gaz.*

THE ACTION OF ARSENIC.—An important investigation into the action of arsenic, by Dr. A. Lesser, has been published in *Virchow's Archiv.*, the present year. By small doses of arsenic an increased action of the heart is induced; this acceleration is found to be due to two causes: 1, a lowering of the tonicity of the vagus; 2, an increase of action of the cardiac ganglia. Large doses of arsenic lower the action of the heart, by depressing the energy of the cardiac ganglia.

Arsenic stimulates the respiratory centre, and endings of the vagus in the lungs, when administered in small doses; but in large doses it lessens the irritability of the centre.

In toxic doses, arsenic rapidly lowers the temperature.

The inflammation of the intestinal canal caused by arsenic is due in part to its elimination by the mucous membrane. The croupous exudation seems to be produced only when arsenic is administered in powder, and never when it is in solution, and in that former case the crystals are found in the false membrane.

The irritability of the striated muscular fibre is lessened by arsenic, and it affects similarly the nerve trunks and their endings in the muscles.—*Cincinnati Lancet and Clinic.*

TREATMENT OF WOUNDS OF THE SUPERFICIAL PALMAR ARCH BY ACUPRESSURE.—Mr. Bellamy believes that this simple method of treatment for serious wounds of vessels is not practised as frequently as it might be. He gives a case of a lad who divided the ulnar artery in the hand with a knife. He applied an Esmarch's bandage, but hemorrhage soon recurred. He then plugged the wound and bound the hand firmly to a dorsal splint, but without effect. He returned bleeding as profusely as before. Mr. Bellamy then determined to try acupressure, and, taking a stout harelip pin, passed it through the tissues about half an inch from the edge of the cut, under the artery, and out again to a corresponding distance the other side of the wound, and placed the limb again upon the splint. This had the effect of entirely stopping the bleeding; the needle was taken away on the fourth day, and the entire wound had closed by the end of the week.—*Lancet.*

THE MONOBROMIDE OF CAMPHOR AS A HYPNOTIC.—Fankhauser recommends the monobromide of camphor as a hypnotic in cases in which the narcotics proper are not borne, or in which they have lost their efficacy from long use. The doses required to produce sleep (he gives, generally, 2 to 2½ grains in powder) are entirely harmless. Unpleasant effects—such as a feeling of fullness in the head, nausea, excitement—occur but rarely, and even then are only transitory. In most cases, the drug is well borne, even though gastric catarrh, cardialgia, etc., exist. The hypnotic effect follows rapidly, as a rule; and in many cases, even when the drug has been used repeatedly, lasts for a considerable time. In other cases it passes off in a relatively short period. In some cases these small doses failed to produce sleep, but it is probable that larger doses would have been more successful. Three and three-quarter grains, and even more, have been given without injury.—*Deutsche Med. Woch.*

ESERINE, ATROPINE AND DUBOISINE—Dr. Wecker, of Paris, in the *Lyon Medical*, compares the action of these agents as follows: Eserine—1. Lowers the intra-ocular pressure. 2. Diminishes the conjunctival secretion by contraction of the vessels. 3. Lessens the diapedesis in general. Atropine, on the contrary: 1. Increases the intra-ocular pressure by vascular dilatation, which may go so far in some cases as to produce glaucomatous phenomena. 2. Increases the conjunctival secretion. 3. Rolls back the iris towards the circumference of the anterior chamber, and forms the stasis in the eye of liquids likely to filtrate out. He holds that atropine should be rejected, and eserine employed in its stead in all cases of corneal lesions; in iritis, however, atropine still retains its pre-eminent place. Duboisine is still more active as a mydriatic than atropine, and is especially valuable in the cases in which the latter excites conjunctival inflammation.

VINEGAR IN POST PARTUM HÆMORRHAGE.—Dr. Penrose, at the late meeting of the American Gynæcological Society, stated that, since 1854, he had employed common vinegar with invariable success in post partum hæmorrhage. The advantages he claimed for it were: 1. It can be readily obtained. 2. It can be readily applied, and without special apparatus. 3. It always cures the hæmorrhage, or, rather, it had never failed in his hands. 4. It is sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious. 5. It is an admirable antiseptic. 6. It acts on the lining membrane of the uterus as an astringent. His manner of using it is to saturate a rag with it, which he carries into the cavity of the uterus and squeezes.

THERMOMETRY AS A GUIDE IN DETECTING MILIARY TUBERCLE.—It is stated in *Il Morgagni* that the "inverse" type of the body temperature, that is to say, a high degree in the morning and a lower one at night, is a symptom of great clinical value in the diagnosis of miliary tuberculosis, either acute or consecutive to caseous pneumonia. Out of seventy-one subjects dead from phthisis, Prof. Prunniche has noted this type of temperature in the proportion of 63 per cent.

In the subjects who had succumbed to caseous pneumonia without miliary tubercles the proportion was 25 per cent., while in the caseous pneumonias with miliary tubercles the proportion rose to 85 per cent.—*Med. and Surg. Reporter.*

TINCTURE OF MYRRH IN PERTUSSIS.—Another remedy for whooping-cough, and, like all its predecessors, simple and efficacious, is brought forward by Dr. Campardon, who, on the strength of several cases treated with it, strongly recommends the tincture of myrrh in doses of from three to ten drops, given several times a day in vinum cinchonæ, although this is not an indispensable vehicle. It in nowise militates against the appropriate treatment of any inflammatory complication that may arise.—*Med. Times and Gaz.*

CHLORAL IN RETENTION OF URINE.—Tidd (*Gaz. Med. de Roma and La France Medicale*) publishes a case in which catheterism having failed in consequence of the patient being pregnant, and no urine having passed for twenty-four hours, two doses of 10 grs. one half an hour after the other, produced profound sleep, and involuntary passage of an enormous quantity of urine.

THYMOLIZED LYMPH—E. Kobert, (*Deutsch Zeitschr. f. prakt. Med.—St. Petersburger Med. Wochenschrift*) made a series of experiments based upon the known antiseptic properties of thymol. His plan was to vaccinate with a mixture of equal parts of fresh lymph and a pure aqueous solution of thymol. The result was excellent with vaccination and revaccination as well as with the further use of the crusts thus obtained. One advantage claimed for it by the writer is that thymol-lymph is thinner and dries more readily than other varieties. Equally good results were obtained from mixture in the proportion of 1 : 2 and 1 : 3 of the thymol solution. When first mixed the flocculent fibrinous deposit should be removed.

LIQUOR SANTAL FLAVA CUM BUCHU ET CUBEBA—This preparation appears likely to become a favorite prescription in cases of gonorrhœa and gleet. It contains three remedies of proved utility in these diseases, the santal oil especially having a very extraordinary power to arrest certain cases of gleet. Experience has shown this preparation to possess the same efficacy as the santal oil itself. It mixes perfectly with water and has a taste by no means disagreeable, in which particular it contrasts very favorably with the ordinary mixtures it is intended to replace.—*Cincinnati Lancet and Clinic.*

FORMULARY.

ANTISEPTIC BALSAM.—Said to be an excellent application to malignant ulcers:

℞. Acidi carbolici pur. liquefact..... 4 parts.
Morphia hydrochloratis..... 1 "
Tr. arnicæ.....10 "
Tr. aconiti.....10 "
Balsami Peruviani.....25 "
Glycerinæ.....50 "
Mix.

PULMONARY ALTERATIVE PILL.—Dr. Q. C. Smith sends the following to the *Pacific Medical and Surgical Journal:*

℞. Hypophosphite of quinia, grs. xvj...(1 | 00)
Iodide of arsenic, gr. j.....(| 06)
Sulphide of lime, grs. xvj.....(1 | 00)
Ext. of nux vomica, grs. ij.....(| 12)

Mix. Make into 16 pills, to be sugar-coated, and one taken three times a day, just after meals. He has found these pills of service in the earlier stages of consumption, in certain cutaneous affections, and in the furuncular diathesis.

ANTI-TOOTHACHE.

℞. Chloroformi pur.
Tr. aconiti rad. āā ʒ iij.....(12 | 00)
Tr. capsici ʒ j.....(4 | 00)
Tr. pyrethri.
Ol. caryoph.
Gum camph. āā ʒ ss.....(2 | 00)
Mix. Apply on cotton wool.

FOR NEURALGIA, RHEUMATISM AND GOUT.

E. M. Schæffer, in the *Maryland Medical Journal*, speaks very highly of the following formula in the above affections:

℞. Potassii iodidi ℈ viij.....(10 | 00)
Resinæ podophyllii grs. ij.....(1 | 12)
Olei sassafras gtt. iij..... .....(| 18)
Vini colchici sem. ʒ ij.....(8 | 00)
Tr. gentianæ co. qs. ad. ℥ ij.....(64 | 00)

Mix. Sig.—A teaspoonful in a wine glass of water after each meal, until freely purged. Then continue the medicine a few days in diminishing doses.

A LOCAL ANÆSTHETIC.—The *Dental Cosmos* says that a mixture of pulverized camphor, 6 parts, and sulphuric ether, 8 parts, applied by means of a pledget of cotton to the gums of a tooth to be removed until they turn white, will cause the removal to be attended with but very slight pain.

SALICYLIC OINTMENT.—Salicylic acid, 3 parts; alcohol, 6 parts, and fresh lard, 30 parts, make an ointment which is said to be useful in wounds in which cicatrization is tedious, and in which stimulation and disinfection are required.

Michigan Medical News.

"ARS, ANTE OMNIA VERITAS."

VOL. I. DETROIT, DECEMBER 25, 1878. No. 23

EDITORIAL.

THE "MEDICAL AND SURGICAL REPORTER" AND SOME OBJECTIONS TO CERTAIN NEW PREPARATIONS.

Dr. W. P. Gibbons, of California, in a paper read before the Alameda County Medical Association, and published in the *Pacific Medical and Surgical Journal* for October, takes occasion to disparage a number of new preparations introduced to the profession within a few years, and extensively prepared by an enterprising firm of manufacturing chemists of this city. The sentiments expressed in the paper meet the approbation of the *Medical and Surgical Reporter*, and that journal commends Dr. Gibbons' "good work in exposing these pretended new remedies from California." These remedies have been very largely employed by the profession, and a number of medical journals have lent their advertising columns to the still further introduction of them. The *Reporter* condemns such journals, and "regrets that several medical editors have either been entrapped, or have deliberately been bargained into giving their sanction to this form of mercantile exploitation of the profession and their patients." Assuming that Dr. Gibbons, in his article of less than six pages, has thoroughly proven the worthlessness of these drugs, which have been received with no small degree of favor by an ignorant and credulous profession, the *Reporter* claims "the right to demand" of the "entrapped" or "deliberately-bargained-into" editors "that they now publicly retract their statements about these pretended remedies."

Inasmuch as the NEWS has lent its pages, both to communications laudatory of "these pretended remedies" and to advertisements of them, and as we cannot acknowledge that we were "entrapped," we feel it incumbent on us to extricate ourselves from the remaining horn of the dilemma. Before making the attempt, however, we shall express our opinion, in a general way, on the *Reporter's* charge of bribery. To put it very mildly, the language of the *Reporter* is very unbecoming a journal of its pretensions; and, for the sake of medical journalism, we cannot but regret that it should so far forget the civilities, to say nothing of sundry other courtesies which should obtain among members of the editorial fraternity, as to allow itself to deal in insinuations which we must believe it has not the least excuse for making. We hope, for the honor of the profession, and more particularly of that branch of it engaged in journalism, that the gratuitous insult will not be suffered to pass unrebuked. The position which the *Reporter* makes pretensions to occupying among the medical journals of this country, and which it is in a measure entitled to, demands that the insinuations it makes be met with more than silent contempt.

But to return to Dr. Gibbons' paper: We have given it a very careful reading, and know not what surprises us most, the learned gentleman's position or the reasoning through which he seeks to sustain it. The position is, to say the least, peculiar, and the logic of his reasoning is also peculiar, to use a mild term. The paper starts out with a promise to prove that certain commendatory remarks in the Philadelphia *Druggist and Chemist* on *Yerba Santa*, *Berberis Aquifolium*, *Cascara Sagrado*, *Yerba Reuma* and *Grindelia Robusta* "reflect no credit either on the honesty or intelligence of the author of them," and yet, from its Alpha to its Omega, it abounds in praise, by no means faint, of the drugs named. Of *Yerba Santa* it says: "The drug is known as being among the oldest used in domestic medicine by the Spanish population of California. It has always been considered by them of great value in pulmonary diseases and affections of the throat. They regard it as a specific in rheumatism,

and it also possesses slight diuretic properties. The writer has used it in practice for the past eighteen years, but he does not consider that its therapeutic value is accurately established. Dr. Saxe, of Santa Clara, has also used it in many cases, with good results." Some of our readers may have an opinion of their own regarding a physician who uses a remedy for eighteen years without finding out its therapeutic value. Of *Berberis* it says: "It is mentioned by Brunsfelsius, in 1530, and Matthiolus, in 1548, under the name of *Crespinus*, and by other old botanists. Its medical virtues are co-existent with its name." Of *Cascara Sagrado*, to which he gives the botanical name of *Rhamnus Purshiana:* "The ancient pharmacopeias regarded it as an active cathartic, and, as such, it has held its reputation to the present time." Of the therapeutic properties of *Yerba Reuma* and *Grindelia Squarrosa* Dr. Gibbons has nothing to say, although he attaches to *Yerba Reuma* its botanical name.

We have failed to discover in these views concerning them anything reflecting on the "honesty or intelligence" of any one who might recommend them. But logic is logic, and, failing to find anything objectionable in the remedies themselves, Dr. Gibbons opens his batteries on Dr. Bundy, the introducer of them. He proclaims the fact that Dr. Bundy is not a "regular." We must confess that we fail to perceive what Dr. B.'s "regularity" or his lack of it has to do with the therapeutic properties of the drugs. We are not of those who believe that no good thing can come out of Nazareth, and, though Dr. Bundy be the most irregular of the "irregular," as long as he does not interfere with the vegetation of the Pacific coast, by all means let him live.

Some of the articles at least, and we think all of them, which Dr. Gibbons affects to condemn, and which the *Reporter* commends him for condemning, are quoted in the price lists of a number of the most reputable houses in the country—houses whose advertisements even the immaculate *Reporter* admits to its pages. But perhaps this paragon journal, like one or two others of lofty pretensions, permits "irregularities" in its advertisements against which it holds up its editorial hands in horror. Such consistency is a remarkably rare jewel.

Some of the drugs have been given to the profession in their popular names, and Dr. Gibbons is displeased at this. He prefers the unctuous Latin to the vernacular. Well, perhaps it would have been more *secundem artem* to have appended the high-sounding botanic title, if it had been only for euphony, but, after all, what's in a name? Cascara Sagrado will open a man's bowels under that name just as effectively as when it is written *Rhamnus Purshiana D. C.*

We will not imitate the example set us by our contemporary, the *Reporter*, and question Dr. Gibbons' honesty of purpose in his diatribe against Dr. Bundy and his new remedies, but we cannot resist the temptation to remark that the paper would have been received with more respect on this side of the Sierras, where the inside workings of certain things are better known than in California, had the name of "Mr. C. G. Lloyd, of Cincinnati, who is connected with a wholesale drug store in that city," had been less conspicuous therein. Dr. Gibbons' ingenuousness is very commendable, but it reveals the fact that he has, unwittingly, no doubt, been made the cat's paw of a designing monkey, who did not himself dare to reach for the nuts. We would suggest to the honest-minded Gibbons that, before he again arraigns "the new remedies of California," because of Dr. Bundy's "irregularity," he had better inquire into the "regularity" of the "wholesale drug store in Cincinnati," for which he has been doing yeoman's service.

J. J. M.

THE "NEWS" FOR 1879.

Those who are familiar with the history of the MICHIGAN MEDICAL NEWS will remember that within ten days of the time it was conceived the first number was given from the press. This haste was not favorable to completeness in many of the minor details, and the mechanical execution of the work was not such as we could have desired, but the start having been made in the volume, it was not considered advisable to make any

change until its completion. We are now, however, in a position to promise that the coming volume will be more nearly in accordance with our ideas of what a journal should be in its mechanical get-up. The improvements to be made will be in the quality of the paper, new type, and a new title page —improvements which we think will place the work, in these respects, at least, ahead of the great majority of medical journals of the country, and on an equal footing with any.

At this, the close of Vol. I., we desire to return our thanks for the encouragement and favor with which our efforts in this field of medical journalism have been received. Judging from the experience of our predecessors in this State, we started out with the expectation that our subscription list would not exceed five hundred names; we are gratified, however, in looking it over, at the close of the volume, to find that the list exceeds this number three-fold in *bona fide* subscribers, and that for the first time, a medical journal in Michigan has proven a paying investment.

Another source of gratification is the fact that we are not obliged to do any dunning—that most disagreeable feature of conducting a medical journal—disagreeable alike to the publisher and the delinquent. Our experience with the pay-in-advance system has wedded us to it for the future.

May we not ask our friends, while promptly renewing their own subscriptions, to say a good word for us to their acquaintances, so that with each renewal we may receive an additional name to our list? It would be a favor which we should certainly appreciate.

While wishing our readers a merry Christmas and a Happy New Year, we hope that the pleasant relations for the year whose sands are fast running out may suffer no interruption with the changes in season.

Especial attention is called to the request of Prof. Andrews, which appears in this number of the NEWS. The value of the information desired cannot be overestimated, and if our readers can aid Dr. Andrews in this matter they will do a real good.

We have received several complaints that the NEWS is printed in such a manner that the reading matter cannot be separated from the advertisements, for binding. These complaints are groundless, as any book-binder will inform those making them. Separate leaves can be bound fully as readily as "forms."

ORIGINAL ARTICLES.

A CASE OF MELANOTIC SARCOMA OF THE CHOROID.

BY L. M. GOODRICH, M. D.

I was called, November 5th, to see Wm. E. W——, of Bancroft, Mich., and found him suffering severely with acute pain in the left eye and left side of the head, which was pronounced by the attending physicians to be pure neuralgia, which had at that time lasted about eight days. I expressed my opinion to the friends at this time, that, from the amount of disturbance, there must be some inflammatory condition of the internal tunics of the eye-ball. Mr. W. was a merchant, and generally had good health. About a year ago, after having a severe attack of toothache, accompanied with neuralgia of the trifacial, he first discovered considerable dimness of vision of the left eye, rendering it difficult to distinguish between colors, or determine the correct impressions of objects at a distance, &c. Last February he had more toothache and neuralgia, for which he had several teeth extracted, with relief from pain until June, when he had another severe attack, and which caused the scalp to be painful to the touch. This attack lasted about two weeks, when he had some more teeth extracted, and was again relieved of his pain until the last of October. But, soon after the extraction of his teeth in June, he had total loss of sight in his left eye, which, for two months preceding my visit, had not the least perception of light. When I saw him (November 5), he was suffering excruciating pain in the eye, which was only controlled by half-grain doses of morphine, given every one or two hours. On the morning of the 6th, nearly all pain had ceased, and the patient was considered to be in a fair way to recover from the present attack, and I returned home, though fearing that there would be a return of the pain after the effects of the morphine passed off, as I felt more thoroughly convinced of the correctness of my diagnosis.

On the evening of the 6th, pain again returned in the eye, and continued to increase

for several days, despite the untiring efforts of the attending physicians, who made use of all the means usually resorted to in such cases. I saw the patient again November 14, and found him suffering extreme pain, located, mostly, in the eye-ball. The conjunctivitis, which was only slight a week previous, was now severe, the conjunctiva being very red and chemotic. The other eye was so affected that it had to be constantly covered, though the room was as dark as it could be made. At this stage, a professor of ophthalmology in Detroit was sent for. He made a thorough examination of the case, and pronounced it glaucoma, and prescribed a solution of eserine, to be dropped in the eye every hour, to reduce the chemosis and contract the moderately dilated pupil; and, after this, he said he would perform the operation of iridectomy, and, by so doing, he could save the globe all in good shape, though he could not restore any vision to that eye. He told the attending physician that, at some future time, it might possibly be necessary to enucleate the globe. During the day of November 16, I watched the symptoms closely, and became convinced there was already great sympathetic irritation of the other eye, and advised the patient to have something more efficient done at once. It was soon agreed to have Prof. Geo. E. Frothingham, of Ann Arbor, visit the patient.

Accordingly, on November 18, Prof. F. started for Bancroft, prepared to enucleate the eye-ball, judging it to be necessary from the history I gave him of the case. He reached Bancroft late on the evening of the same day, finding the patient in about the same condition as when I saw him three days previous. Prof. F. examined the eye on the morning of the 19th, and advised the treatment already thought of, namely, enucleation. He declared that the operation of enucleation was the only course to pursue. The other eye was in extreme danger, there being a state of great sympathetic irritation, and actual inflammation might commence at any time, and then even enucleation would afford but a forlorn hope. The diseased eye had been totally blind for more than two months, and was entirely useless. There were evidences of plastic exudation, the choroid being involved, and, should the present severe pain cease, which was not probable, there would likely be frequent and continued relapses, endangering the other eye, and destroying the health of the patient.

After some urging, consent was obtained, ether administered, and the operation speedily performed, although the muscles and conjunctival membrane were bound down by firm adhesions. The patient rallied from the operation well. After removal, Prof. F. laid the eye-ball open, and found a melanotic tumor of the choroid filling about one-third of the internal cavity of the eye-ball, not only justifying the operation, but showing how dangerous delay would have been to the life of the patient.

Mr. W. informs me that he was losing the sight of the other eye quite rapidly, an acknowledgment he is more ready to make now than before the operation, as he did not like the idea of losing an eye. At the present time the patient is nearly well, and improving in health rapidly, and able to be in his office and attend to business. There was little or no pain soon after the operation, and the inflammatory condition of the conjunctiva of the right eye diminished rapidly to a minimum.

This case illustrates the necessity of prompt enucleation in such conditions, and warns us not to wait for inflammatory action to subside, but to enucleate at once in all such cases, and thus promptly relieve the patient's suffering, and place the remaining eye out of danger. The tumor has been examined by Prof. Stowell, of the University, and pronounced melanotic sarcoma, having both the spindle-shaped and the large round cells, the majority being filled with blackish pigments. What effect eserine, or iridectomy, could have on such a diseased condition is beyond my comprehension, though it may be clear to the mind of the ophthalmic surgeon who recommended it.

UNADILLA, Mich., December 14, 1878.

MISCELLANY.

Is the Hypodermic Injection of Piles Dangerous?

Editors Michigan Medical News:

Two years and a half ago, I published the secret remedy for hæmorrhoids employed by certain itinerants. It consisted in hypodermic injections of a few drops of a mixture of carbolic acid in olive oil, in the proportion of three parts of the acid to one of the oil. The method works charmingly, and if free from danger, is a really valuable discovery, for it generally causes no pain. Naturally, however, all educated surgeons feared that the throwing of this mixture into venous enlargements like hæmorrhoids might cause fatal embolism.

If this danger is real, it ought to be manifest by this time, for the quacks have employed this method on thousands of cases.

I beg leave to ask that all physicians who know of the practice of these itinerants in

their vicinity will immediately inform me by letter whether they know of any evil results from it, and if so give details so far as possible. I will collate the information thus received, and give the results in a future article in the pages of the MEDICAL NEWS.

Please address

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DECLINE OF HOMŒOPATHY.—In our last issue, under the above title, we brought together several extracts from leading homœopathic authorities, the import of which was very significant. We supplement them by a couple of other references to the same subject. In the *New York Medical Record* of November 30th, there is an account of the action of the Homœopathic Medical Society of Northern New York, which, in a formal resolution, declared that Hahnemann's theory of "dynamization" is "unworthy the confidence of the homœopathic profession." In the *Boston Medical and Surgical Journal* for December 12th, we find, in the brilliant address of Dr. O. W. Holmes, at the dedication of the new building of the Boston Medical Library Association, the following, in connection with a plea he thus makes for collecting the publications of all the so-called irregular systems of medicine: "This country seems to be the place for such a collection, which will by and by be curious and of more value than at present, for homœopathy seems to be following the pathological law of erysipelas, fading out where it originated, as it spreads to new regions. At least, I judge so by the following translated extracts from a criticism of an American work in the *Homœopathische Rundschau*, of Leipsig, for October, 1868, which I find in the *Homœopathic Bulletin* for the month of November, just passed:

"While we feel proud of the spread and rise across the ocean, and while the homœopathic works reaching us from there, and published in a style such as is unknown in Germany, bear eloquent testimony to the eminent activity of our trans-Atlantic colleagues, we are overcome by sorrowful regrets at the position homœopathy occupies in Germany. Such a work (as the American one referred to), with us would be impossible; it would lack the necessary support."

THE WORKING OF THE ILLINOIS MEDICAL ACT.—The Illinois State Board of Health, which, under the Medical act of the State, has alone the power to license practitioners of medicine, is vigorously attending to its duty, and the result is a noticeable thinning out of impostors. At its meeting in Chicago, on the 12th inst., out of sixty-four practitioners who had been cited to appear, only five risked the trial. The effrontery of some of the mountebanks was illustrated by two of these five applicants. One applied for a certificate on the strength of a diploma from the New England University of Arts and Science of Manchester, N. H. An investigation by the Board into the standing of this "University," revealed the fact that no such institution existed, but that, in 1874, one H. C. Stickney went to Manchester and talked a good deal about founding a university, and actually got a charter for it from the Legislature. He founded no institution, however, and in 1876 the Legislature repealed the charter. For some time letters were received at the Manchester postoffice addressed to "H. C. Stickney, M. D., Dean of the New England University." Subsequently these letters were forwarded to Stowe, Vt., and then to No. 171 East Eighty-seventh street, New York.

The applicant appeared before the Board and told his story. He said he had studied medicine some in Germany; came to this country, and was a hospital steward in the army, and had practiced medicine some years in the territories. He went to New York to complete his medical studies, but was there advised to go to a new medical college in Manchester, N. H. He went there, intending to attend lectures. He was examined at the hotel by the "faculty" of the New England University, who only asked him how he would treat drunkenness and biliousness, the difference between the tibia and the fibula, and how long he had practiced. He was then informed that he could have his diploma for $175. His father paid the money, and he got a diploma signed "H. C. Stickney, LL. D., President; D. M. Smith, M. D., Secretary; William Warren, D. D.; H. C. Hapsgood, D. C. L.; John Simmons, M. A.; A. Edgworth, M. D.; M. Sweaton, Ph. D., M. D.; J. W. Bagley, D. Sc."

Only a few days ago, Mr. Welsh, United States Minister to England, notified Governor Rice, of Massachusetts, that the diplomas of the New England University were being sold in England, and the Board has evidence that they have been sold in Germany, where a dentist was not long ago arrested for styling himself a doctor on the strength of one of them.

Another practitioner turned up with an application for a license on the strength of a diploma from the University of Tubingen. In reply to a letter from the Board, the Dean of that University states that no person of

the name of this applicant had ever received a diploma at Tubingen. The applicant was notified of the Dean's statement, and he humorously replied that he changed his name on coming to America, just as Cardinal Pecci assumed the name of Leo XIII. when he became Pope. He neglected, however, to state what his name was when he graduated at Tubingen.

SEVERAL REMARKABLE CURES.—Dr. H. C. Allen, of this city, reports, in the *Cin. Med. Advance*, a homœopathic journal, how he cured a case of biting the finger nails. "Guided by the similarity of symptom, 'picks the lips till they bleed,'" he cured the nail biting, which had lasted eighteen months, in a child three years of age, by the use of *arum triphyllum*, 3, for two weeks.

A practitioner of Lexington, Mich., wrote us, some time ago, that he had cured a case of "congenital scrotal hernia on both sides," in a babe ten months of age, by the administration of "calcarea carb, 5th, 1 gr.= 1–100,000 of a grain of the pure calcarea, to be taken at night; next morning, 1 gr. of the 12th of calc. c.; next night, 1 gr. calc. c. 30th, followed by placebo powders night and morning." He states, in giving a history of the case, that his (the child's, not the doctor's) mother had water on the brain when she was a child, and herein doubtless lies the secret of the remarkable efficacy of calc. c.

A woman had strained her lumbar muscles six years previous to her consulting this same astute individual, and she had suffered from a lame back ever since. He prescribed "Sepia 4th, *i. e.*, 1–10,000 of a grain, in the morning, and one grain of the 30th at night," with complete cure of the case, and no subsequent return of the trouble.

We are happy to be able to state, in this connection, that the latest advices from Lexington indicate the development of no violent symptoms among the imbeciles of that enterprising hamlet. The lunacy, thus far, continues of a mild and harmless type.

PARAGRAPHS.

"Venerable sodium chloride" is the way the young lady chemistry student designates "the old salt."

Dr. Inman's tripod—"the stomach for food, the rectum for physic, and the skin for oil."

Dr. J. Milner Fothergill, in writing to the Philadelphia *Medical Times*, makes this remarkable statement "The advance of medicine in the direction of therapeutics lies now mainly in American hands—or, perhaps, rather heads." Times have evidently changed since an Englishman asked, "Who reads an American book?"

In addition to, and in continuation of, his great work at Washington of preparing the National Catalogue of Medical Literature, Dr. John S. Billings, U. S. A., has, in connection with his assistant, Dr. Robert Fletcher, M. R. C. S., assumed the editorial management of the *Index Medicus*, a monthly journal devoted to current medical bibliography, and to be published by Mr. F. Leypoldt, the bibliographical publisher of New York. The value of such a journal needs no argument, and we hope it will receive proper encouragement. Subscription price, $3 per year.

The following point in the differential diagnosis of alcoholic insensibility and coma has been laid down: An insensible person, who being left alone from ten to thirty minutes, has contracted pupils, which dilate on his being shaken, without any return of consciousness, and then contract again, can be laboring under nothing else than the effects of alcohol.

The following may not be peculiarly interesting just now, with the thermometer about zero, but the time will come when it may stand in good stead: Take of oil of cloves or cinnamon, half a drachm, and rub it up with spermaceti ointment, and with the mixture annoint the exposed part and, an exchange says, mosquitoes will never trouble you.

Talking of mosquitoes, it has transpired that a New York practitioner of the "high potency" school has been catching and bottling the blood-thirsty insects, during the past summer, for shipment to Europe, where they are to be "potentized," and then returned to the faithful as a remedy for the bites inflicted by those which the disciple of Hahnemann alluded to failed to capture. Fact.

A Brookly girl has eaten nothing, neither drunk anything, for years, and so completely is the spirit disenthralled of its corporal investiture that the girl can tell the contents of sealed letters, and describe what is transpiring beyond the seas. So says rumor, and Dr. Hammond proposes to put the girl to a test.

The French population of Montreal are gradually becoming tolerant of vaccination, and are beginning to allow their children to be protected by it. The influence of the clergy has done much toward removing the insane opposition. They, however, and reasonably too, insist on the employment of bovine virus.

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